Migrant and Seasonal Agricultural Worker Protection Act

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

Persons are not required to respond to this information unless it displays a currently valid OMB number.

OMB No.: 1215-0187
Expires: 4/30/04

Worker Information — Terms and Conditions of Employment

1. Place of employment: _____

2. Period of employment: From _____ To _____

3. Wage rates to be paid: $ _____ per Hour Piece Rate $ _____ per _____

4. Crops and kinds of activities: _____

5. Transportation or other benefits, if any: _____

   Charge(s) to workers, if any: _____

6. Workers' compensation insurance provided: Yes _____ No _____

   Name of compensation carrier: _____

   Name and address of policyholder(s) _____

   Person(s) and phone number(s) of person(s) to be notified to file claim: _____

   Deadline for filing claim: _____

7. Unemployment compensation insurance provided: Yes _____ No _____

8. Other benefits: _____ Charge(s) _____

9. For migrant workers who will be housed, the kind of housing available and cost, if any: _____

   Charge(s) _____

10. List any strike, work stoppage, slowdown, or interruption of operation by employees at the place where the workers will be employed. *(If there are no strikes, etc., enter "None"):*

11. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. *(If there are no such arrangements, enter "None"):*

Name of Person(s) Providing This Information: _____

Note: The Department of Labor — Wage and Hour Division makes this form available in certain other languages to enable employers to satisfy the requirement that the terms and conditions of employment be disclosed in a language common to the workers. Contact the nearest office of the Wage and Hour Division to obtain such forms.

The Migrant and Seasonal Agricultural Worker Protection Act requires the disclosure in writing of the foregoing information to migrant and day-haul workers upon recruitment, and to seasonal workers other than day-haul workers upon request when an offer of employment is made. This optional form may be used to disclose the required information. Thereafter, any migrant or seasonal worker has the right to have, upon request, a written statement provided to him or her by the employer, of the information described above. This optional form may also be used for this purpose.

We estimate that it will take an average of 32 minutes to complete this collection of information, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. ***Do NOT Send the Completed Form to This Office.***