

H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix A
 U.S. Department of Labor



a. Additional Worksite and Wage Information 1

1. PWD Case Number *		2. City *		3. State *	4. County *		5. MSA Name/OES Area Title *			
6. Total Workers *	7. Begin Date *	8. End Date *	9. Basic Wage Rate *		9a. Overtime Wage Rate \$		10. Per (Choose only one) *			
			From: \$ _____ . _____	To: \$ _____ . _____	From: \$ _____ . _____	To: \$ _____ . _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Month

b. Additional Worksite and Wage Information 2

1. PWD Case Number *		2. City *		3. State *	4. County *		5. MSA Name/OES Area Title *			
6. Total Workers *	7. Begin Date *	8. End Date *	9. Basic Wage Rate *		9a. Overtime Wage Rate \$		10. Per (Choose only one) *			
			From: \$ _____ . _____	To: \$ _____ . _____	From: \$ _____ . _____	To: \$ _____ . _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Month

c. Additional Worksite and Wage Information 3

1. PWD Case Number *		2. City *		3. State *	4. County *		5. MSA Name/OES Area Title *			
6. Total Workers *	7. Begin Date *	8. End Date *	9. Basic Wage Rate *		9a. Overtime Wage Rate \$		10. Per (Choose only one) *			
			From: \$ _____ . _____	To: \$ _____ . _____	From: \$ _____ . _____	To: \$ _____ . _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Month

d. Additional Worksite and Wage Information 4

1. PWD Case Number *		2. City *		3. State *	4. County *		5. MSA Name/OES Area Title *			
6. Total Workers *	7. Begin Date *	8. End Date *	9. Basic Wage Rate *		9a. Overtime Wage Rate \$		10. Per (Choose only one) *			
			From: \$ _____ . _____	To: \$ _____ . _____	From: \$ _____ . _____	To: \$ _____ . _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Month

e. Additional Worksite and Wage Information 5

1. PWD Case Number *		2. City *		3. State *	4. County *		5. MSA Name/OES Area Title *			
6. Total Workers *	7. Begin Date *	8. End Date *	9. Basic Wage Rate *		9a. Overtime Wage Rate \$		10. Per (Choose only one) *			
			From: \$ _____ . _____	To: \$ _____ . _____	From: \$ _____ . _____	To: \$ _____ . _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Month

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 45 minutes, Appendix A- 25 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**