

<b>TRAINING AND EMPLOYMENT NOTICE</b>	<b>NO.</b> 52-11
	<b>DATE</b> June 20, 2012

**TO:** ALL STATE WORKFORCE AGENCIES  
ALL STATE WORKFORCE LIAISONS

**FROM:** JANE OATES  
Assistant Secretary

**SUBJECT:** Corrections regarding the Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148, and the One-Stop Career Center Complaint/Referral Record, ETA Form 8429

1. **Purpose.** To transmit corrections for the Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148, and the One-Stop Career Center Complaint/Referral Record, ETA Form 8429.
2. **References.**
  - Training and Employment Notice (TEN), No. 47-11, *Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148 without revisions, and One-Stop Career Center (OSCC) Complaint/Referral Record, ETA Form 8429 with revisions; OMB No. 1205-0039.*
3. **Background.** Through TEN 47-11, the Employment and Training Administration (ETA) transmitted the Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148, and the One-Stop Career Center (OSCC) Complaint/Referral Record, ETA Form 8429. As outlined in the notice, states are required to use these forms; this reporting requirement has been approved under the Paperwork Reduction Act, Office of Management and Budget Approval No. 1205-0039 with an expiration date of April 30, 2015. Form 8429 was approved with minimal changes, which are outlined in TEN 47-11. Form 5148 was approved with no changes.
4. **Form 5148.** An incorrect version of Form 5148 was attached to TEN 47-11. The correct version of the form, with a May 2012 revision date, is being transmitted through this Change 1 to the TEN. States use the on-line Enterprise Business Support System (EBSS) to report to ETA on services to migrant and seasonal farmworkers using Form 5148. The online Form 5148 utilized by states in EBSS remains accurate, and there is no change in reporting requirements for states. Two non-substantive revisions have been made in the attached Form 5148 to: 1) reflect the name change of the U.S. Department of Labor's "Employment and Standards Administration" to the "Wage and Hour Division"; and 2) clarify that the minimum service level indicator on wages (Part 4, Item #2) pertains to placement in jobs that are .50¢ above the Federal minimum wage, per current regulations.

5. **Form 8429.** While the Form 8429 released with TEN 47-11 was accurate and may be used, the name change of the “Employment Standards Administration” to the “Wage and Hour Division” has also been made. Form 8429, with a May 2012 revision date, is also being transmitted through this Change 1 to the TEN.

6. **Inquiries.** Inquiries concerning this TEN should be directed to the Regional Monitor Advocate in the state’s respective ETA regional office:

Region 1 – George J. Kincannon, at [Kincannon.George.J@dol.gov](mailto:Kincannon.George.J@dol.gov) or (617) 788-0135

Region 2 – Michael Toops, at [Toops.Michael@dol.gov](mailto:Toops.Michael@dol.gov) or (215) 861-5217

Region 3 – Toni Buxton, at [buxton.toni@dol.gov](mailto:buxton.toni@dol.gov) or (404) 302-5367

Region 4 – Jesus Morales, at [morales.jesus@dol.gov](mailto:morales.jesus@dol.gov) or (972) 850-4616

Region 5 – Eric Hernandez, at [hernandez.eric@dol.gov](mailto:hernandez.eric@dol.gov) or (312) 596-5419

Region 6 – Diane Walton, at [Walton.Diane@dol.gov](mailto:Walton.Diane@dol.gov) or (415) 625-7924

7. **Attachment.**

- Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148
- One-Stop Career Center (OSCC) Complaint/Referral Record, ETA Form 8429

Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148

State:	Region:	Quarter Ending:	PY:	Report Run Date:	OMB Approval No. 1205 - 0039 Expiration Date: 04/30/2015 Revised May 2012
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**Services To Migrant and Seasonal Farmworkers Reports  
(Part 1)**

	Previous Cumulative Reported	Report Period	Cumulative
<b>A - Outreach Services</b>			
1. Best Estimates of MSFW's in the State			
2. Number of MSFW in the State Contacts by ES Staff			
3. Number of (outreach) Staff Days by ES Staff			
4. Number of MSFW Contacts by Cooperating Agency Staff			
5. Approximate Staff Days Cooperating Agency Staff Performed Outreach			
<b>B - Monitoring System (Reviews by State/Federal Staff)</b>			
1. Total Number of Significant Local Offices			
a. Number of Significant Local Offices Reviewed			
2. Number of non-Significant Local Offices Reviewed			
<b>C - Referral of Apparent Violations to Enforcement Agencies</b>			
1. Total Number of ES-related apparent violations referred			
a. To Wage and Hour Div. (WHD) (formerly called the Employment Standards Administration)			
b. To OSHA			
c. To Other			
2. Total Number of non-ES-related apparent violations referred			
a. To WHD			
b. To OSHA			
c. To Other			
<b>D - Agricultural Clearance Orders</b>			
1. Total Number of Agricultural Orders Cleared			
a. Intrastate			
b. Interstate			
c. H-2A related			
Total Number of Workers Referred			
a. Intrastate			
b. Interstate			
c. H-2A related			
2. Number of Orders on which Field Checks were Conducted			
3. Number of Orders on which Violations were Found			
a. Number of Orders on which Violations were Corrected through Informal Resolution			

b. Number of Orders having Violations which were referred to Enforcement Agency			
(1) To WHD			
(2) To OSHA			
(3) To Other			
4. Number of Employees for whom Discontinuation of Service Proceeding were Initiated as a Result of a Field Check			
<b>E - USES Complaint Systems</b>			
1. Total Complaints Received			
a. MSFW, ES-related			
b. MSFW, non-ES-related			
c. non-MSFW, ES-related			
d. non-MSFW, non-ES-related			
2. Total Number of MSFW ES-related Complaints Referred			
a. To WHD			
b. To OSHA			
c. To Other			
3. Total Number of non-MSFW ES-related Complaints Referred			
a. To WHD			
b. To OSHA			
c. To Other			
4. Total Number of MSFW non-ES-related Complaints Referred			
a. To WHD			
b. To OSHA			
c. To Other			
5. Total Number of MSFW ES-related Complaints Unresolved After 45 Days			

**Nature of Problem/Accomplishments  
(Part 2)**

**A - Services to MSFW's**

<b>Activity</b>	<b>Comments</b>
1. Outreach	
2. Monitoring	
3. Referral of Violations	
4. Field Checks on Clearance Orders	

5. MSFW's  
Complaints

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**B - Program Performance**

Local Office  
Visits

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**C - Other**

Other

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**Service Provided Migrant and Seasonal Farmworkers  
Equity Ratio Indicators  
(Part 3)**

Individuals	MSFW's		Non - MSFW's		Equity	
	#	%	#	%	Yes	No
A. Total Applications						
1. Referred to Jobs						
2. Received Staff Assisted Services						
3. Referred to Support Service						
4. Career Guidance						
5. Job Development Contact						

Total equity indicators met: \_\_\_ out of 5

Comments:

**Services Provided Migrant and Seasonal Farmworkers  
Minimum Service Level Indicators  
(Part 4)**

**DATA ITEMS**

	Compliance Level	Actual Level	Actual Denominator	Actual Numerator	Yes	No
1a. Placed in a job	42.5%					
1b. Entered Employment						
2. Placed \$.50 above federal minimum wage	14%					
3a. Placed in long term non-ag job	3%					
3b. Employment Retention						
4. Reviews of significant offices	100%					
5. Field checks conducted	25%					
6. Outreach contacts per staff day worked	5					
7. Timely process of ES complaints	90%					

Total number of minimum service level indicators met: \_\_\_\_\_

Comments:

Submitted by: \_\_\_\_\_

Submission Date: \_\_\_\_\_

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these requirements is Mandatory (20 CFR 651, 653 and 658). Public reporting burden for this collection of information is estimated to average 1 hour 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0039).

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### One Stop Career Center (OSCC) Complaint/Referral Record

For OSCC Use Only

Complaint No.	Date Received
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Part I. Complainant's Information		Respondent's Information
1. Name of Complainant (Last, First, Middle Initial)		4. Name of Person Complaint Made Against
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer/OSCC Office
b. Temporary Address (if Appropriate)		6. Address of Employer/OSCC Office
3a. Permanent Telephone ( ) -	b. Temporary Telephone ( ) -	7. Telephone Number of Employer/OSCC Office ( ) -
8. Description of Complaint (If additional space is needed, use separate sheet(s) of paper and attach to this form)		

**Certification**

I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant	10. Date Signed / /
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**Part II. For OSCC Use Only**

<p>1. Migrant or Seasonal Farmworker?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p>2. Type of Complaint ("X" Appropriate Box(es))</p> <p><input type="checkbox"/> Job Service Related Job Order No. ____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Against Job Service  <input type="checkbox"/> Against Employer  <input type="checkbox"/> Alleged Violation of WIA Regulations  <input type="checkbox"/> Alleged Violation of Employment Law(s)  <input type="checkbox"/> Non-Job Service Related         </p>	<p>3. If non-Job Service-related, does Complaint concern laws enforced by Wage and Hour Division (formerly called the Employment Standards Administration) U.S. D.O.L.            WHD or OSHA? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p>4. Kind of complaint ("X" Appropriate Box(es))</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Wage Related  <input type="checkbox"/> Child Labor  <input type="checkbox"/> Working Conditions  <input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA)  <input type="checkbox"/> Other (Specify) _____           </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Housing  <input type="checkbox"/> Pesticides  <input type="checkbox"/> Health/Safety  <input type="checkbox"/> Disability Discrimination  <input type="checkbox"/> Discrimination*           </td> </tr> </table>	<input type="checkbox"/> Wage Related <input type="checkbox"/> Child Labor <input type="checkbox"/> Working Conditions <input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Housing <input type="checkbox"/> Pesticides <input type="checkbox"/> Health/Safety <input type="checkbox"/> Disability Discrimination <input type="checkbox"/> Discrimination*	<p>5. H-2a/Criteria Employer  <input type="checkbox"/> U.S./Domestic Worker</p> <p><input type="checkbox"/> H-2a Worker</p> <p><input type="checkbox"/> Wages  <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Meals  <input type="checkbox"/> Housing  <input type="checkbox"/> Other _____</p>
<input type="checkbox"/> Wage Related <input type="checkbox"/> Child Labor <input type="checkbox"/> Working Conditions <input type="checkbox"/> Migrant and Seasonal Agricultural Worker Protection Act (MSPA) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Housing <input type="checkbox"/> Pesticides <input type="checkbox"/> Health/Safety <input type="checkbox"/> Disability Discrimination <input type="checkbox"/> Discrimination*			

6. \*For DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the State Workforce Agency, or with the Directorate of Civil Rights (DCR), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

<p>7a. Referrals To Other Agencies ("X" one)</p> <p><input type="checkbox"/> WHD. U.S. DOL.    <input type="checkbox"/> OSHA U.S. D.O.L.  <input type="checkbox"/> Other _____</p>	<p>8. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)</p> <p>_____</p> <p>_____</p> <p>( ) ____ - ____</p>
<p>b. Follow-Up ("X" one)    <input type="checkbox"/> Monthly    <input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>c. Follow-up Date</p> <p>  /  /  </p>

9. Comments (If additional space is needed, use separate sheet of paper) Provide OSCC Services?  Yes     No If "No", explain.

**Complaint resolved?**  Yes     No If "No", explain.

<p>10a. Name and Title of Person Receiving Complaint</p>	<p>11. Office Address (No., St., City, State, ZIP Code)</p>				
<p>b. Phone No. ( ) -</p>	<table style="width:100%; border: none;"> <tr> <td style="width:70%;">12a. Signature</td> <td style="width:30%;">b. Date</td> </tr> <tr> <td> </td> <td>  /  /  </td> </tr> </table>	12a. Signature	b. Date		/  /
12a. Signature	b. Date				
	/  /				

**Public Burden Statement**  
 Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.