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| TRAINING AND EMPLOYMENT NOTICE | NO. | 52-11 |
| | DATE | June 20, 2012 |

TO: ALL STATE WORKFORCE AGENCIES
ALL STATE WORKFORCE LIAISONS

FROM: JANE OATES /s/
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 or (617) 788-0135

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

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

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

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

Region 6 – Diane Walton, at 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 |
|--------|---------|-----------------|-----|------------------|---|

**Services To Migrant and Seasonal Farmworkers Reports
(Part 1)**

| | Previous Cumulative Reported | Report Period | Cumulative |
|--|------------------------------------|------------------|------------|
| A - Outreach Services | | | |
| 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 - Monitoring System (Reviews by State/Federal Staff) | | | |
| 1. Total Number of Significant Local Offices | | | |
| a. Number of Significant Local Offices Reviewed | | | |
| 2. Number of non-Significant Local Offices Reviewed | | | |
| C - Referral of Apparent Violations to Enforcement Agencies | | | |
| 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 | | | |
| D - Agricultural Clearance Orders | | | |
| 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 | | | |
| E - USES Complaint Systems | | | |
| 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 | |
|-------------------------------------|-----------------|
| Activity | Comments |
| 1. Outreach | |
| 2. Monitoring | |
| 3. Referral of Violations | |
| 4. Field Checks on Clearance Orders | |

5. MSFW's
Complaints

| |
|--|
| |
|--|

B - Program Performance

Local Office
Visits

| |
|--|
| |
|--|

C - Other

Other

| |
|--|
| |
|--|

**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: _____

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).



One Stop Career Center (OSCC) Complaint/Referral Record

For OSCC Use Only

| | |
|---------------|---------------|
| Complaint No. | Date Received |
|---------------|---------------|

| 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 / / |
|-----------------------------|------------------------|

