

<b>TRAINING AND EMPLOYMENT NOTICE</b>	<b>NO.</b> 47-11
	<b>DATE</b> May 16, 2012

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

**FROM:** JANE OATES /s/  
Assistant Secretary

**SUBJECT:** 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

1. **Purpose.** To transmit the updated Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148 without revisions; and the One-Stop Career Center (OSCC) Complaint/Referral Record, ETA Form 8429 with revisions.
2. **References.** Wagner-Peyser Act as amended, Section 3; 29 USC 49 et seq. and 20 CFR Parts 653 and 658.

**Background.** Employment and Training Administration (ETA) regulations at 20 CFR 651, 653, and 658 under the Wagner-Peyser Act, as amended by the Workforce Investment Act of 1998, set forth requirements to ensure that Migrant and Seasonal Farmworkers (MSFWs) receive services that are qualitatively equivalent and quantitatively proportionate to the services provided to non-MSFWs. In compliance with 20 CFR 653.109, ETA established record keeping requirements to allow for the efficient and effective monitoring of State Workforce Agencies' (SWAs) regulatory compliance. The ETA Form 5148, "Services to Migrant and Seasonal Farm Workers Report," without changes, is used to collect data that are primarily used to monitor and measure the extent and effectiveness of SWA services delivery to MSFWs. The states submit the information on the 5148 form via the Web-based "Labor Exchange Agricultural Reporting System (LEARS.) The ETA Form 8429, "One-Stop Career Center (OSCC) Compliant/Referral Record," is used to collect and document Job Service (JS) related complaints filed against an employer about the specific job to which the applicant was referred by the JS involving violations of the terms and conditions of the job order or employment-related law (employer-related complaints). ETA Form 8429 is also used for complaints about JS actions or omissions under JS regulations (agency-related complaints) filed by MSFWs and non-MSFWs regarding the receipt of services. The changes incorporated into ETA

Form 8429 include the following: (1) In Part I, of item 8, increased the space provided for description of complaint, (2) in Part II, of items 2 and 3, added the term "Job Service," and (3) Part II, item 9 at the bottom added "Complaint resolved? Yes / No – If "No," explain."

3. **Action Required.** States are required to start using the attached version of the Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148; and the One-Stop Career Center (OSCC) Complaint/Referral Record, ETA Form 8429. This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0039, with an expiration date of April 30, 2015.

4. **Inquiries.** Inquiries concerning this Training and Employment Notice should be directed to the Regional Monitor Advocate in the states' respective Region:

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

5. **Attachments.**

- 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

U.S. Department of Labor  
Employment and Training Administration

State: \_\_\_\_\_ Region: \_\_\_\_\_ Quarter Ending: \_\_\_\_\_ PY \_\_\_\_\_ OMB Approval No. 1205-0039  
Expiration Date: 4/30/2015

	Report Period	Cumulative
<b>A. Outreach Services</b>		
1. Best estimate of MSFW's in the State		
2. Number of MSFW contacts by ES staff		
3. Number of (outreach) staffdays by ES staff		
4. Number of MSFW contacts by cooperating agency staff		
5. Approximate staffdays 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 ESA		
b. To OSHA		
c. To Other		
2. Total number of non-ES-related apparent violations referred		
a. To ESA		
b. To OSHA		
c. To Other		
<b>D. Agricultural Clearance Orders</b>		
1. Total number of agricultural orders cleared/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) ToESA		
(2) To OSHA		
(3) To Other		
4. Number of employers for whom discontinuation of service proceedings were initiated as a result of a field check		

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents's obligation to reply to these requirements are 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 Office of Workforce Security, U.S. Department of Labor, Room N-4470, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0039).

(Continuation)

Report

1. Total Complaints received

	Period	Cumulative
<b>E. USES Complaint System</b>		
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 ESA		
b. To OSHA		
c. To Other		
3. Total number of Non-MSFW ES-related complaints referred:		
a. To ESA		
b. To OSHA		
c. To Other		
4. Total number of MSFW, Non-ES related complaints referred:		
a. To ESA		
b. To OSHA		
c. To Other		
5. Total number of MSFW ES-related complaints unresolved after 45 days		



Nature of Problem/Accomplishments

U.S. Department of Labor  
Employment and Training Administration

State	Region	Quarter Ending	PY	OMB Approval No. 1205-0039 Expiration Date: 4/30/2015
<b>A - Services to MSFWS</b>				
<b>Activity</b>		<b>Comments</b>		
1. Outreach				
2. Monitoring				
3. Referral of Violations				
4. Field Checks on Clearance Orders				
5. MSFW's Complaints				
<b>B - Program Performance</b>				
Local Office Visits				
<b>C- Other</b>				

Service Provided Migrant and Seasonal  
Farmworkers Equity Ratio Indicators

U.S. Department of Labor  
Employment and Training Administration

State \_\_\_\_\_ Region \_\_\_\_\_ Quarter Ending \_\_\_\_\_ PY \_\_\_\_\_ OMB Approval No. 1205-0039  
Expiration Date: 4/30/2015

DATA ITEMS

	MSFW's		Non-MSFW's		Equity	
	#	%	#		Yes	No
Individuals						
A. Total applications						
1. Referred to Employment						
2. Received Staff Assisted Services						
3. Referred to Service						
4. Career Guidance						
5. Job develo contact						

Total equity indicators met: \_\_\_\_\_ OUT OF \_\_\_\_\_

Prepared by: \_\_\_\_\_

Services Provided Migrant  
Seasonal Farmworkers  
Minimum Service Level Indicators

U.S. Department of Labor  
Employment and Training Administration

State \_\_\_\_\_ Region \_\_\_\_\_ Quarter Ending \_\_\_\_\_ PY \_\_\_\_\_ OMB Approval No. 1205-0039  
Expiration Date: 4/30/2015

DATA ITEMS

	Compliance Level (%)	Actual Level	Yes	No
1. Placed in a job				
2. Placed \$.50 above min. wage				
3. Placed in long term non-ag job				
4. Reviews of significant offices				
5. Field checks conducted				
6. Outreach contacts				
7. Timely proc. of ES complaints				

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

Comments:

Prepared by: \_\_\_\_\_



### 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>	<p>3. If non-Job Service-related, does Complaint concern laws enforced by U.S. Employment Standards Administration (Wage and Hour) or OSHA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. H-2a/Criteria Employer  <input type="checkbox"/> U.S./Domestic Worker   <input type="checkbox"/> H-2a Worker   <input type="checkbox"/> Wages  <input type="checkbox"/> Transportation   <input type="checkbox"/> Meals  <input type="checkbox"/> Housing  <input type="checkbox"/> Other _____</p>										
<p>2. Type of Complaint ("X" Appropriate Box(es))</p> <p><input type="checkbox"/> Job Service Related Job Order No. _____</p> <p><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)</p> <p><input type="checkbox"/> Non-Job Service Related</p>	<p>4. Kind of complaint ("X" Appropriate Box(es))</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Wage Related</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Child Labor</td> <td><input type="checkbox"/> Pesticides</td> </tr> <tr> <td><input type="checkbox"/> Working Conditions</td> <td><input type="checkbox"/> Health/Safety</td> </tr> <tr> <td><input type="checkbox"/> Migrant and Season Agricultural Worker Protection Act (MSPA)</td> <td><input type="checkbox"/> Disability Discrimination</td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td><input type="checkbox"/> Discrimination*</td> </tr> </table>		<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing	<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Migrant and Season Agricultural Worker Protection Act (MSPA)	<input type="checkbox"/> Disability Discrimination	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Discrimination*
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<input type="checkbox"/> Other (Specify) _____	<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"/> Wage &amp; Hour ESA/U.S. DOL.      <input type="checkbox"/> OSHA  <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>	<p>12a. Signature</p>	<p>b. Date ____ / ____ / ____</p>

**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, Migrant and Seasonal Farmworker Program, Room S4209, 200 Constitution Avenue, NW, Washington, DC 20210.