Migrant Worker Itinerary

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply are Mandatory (97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 30 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 estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).

2. Leader's Name (Last, First, Middle Initial)   3. Social Security No.   4. Category (Check appropriate box)   a. Crew   b. Family   c. Individuals

6. Permanent Address (No., St., City, State, ZIP)   7. Permanent Phone No.


11. Originating Office Address

12. L/O Phone No.   13. Name of L/O Representative

U.S. Department of Labor
Employment and Training Administration

14. Do you have truck(s) for hire? If "YES" Specify Type
   □ Yes   □ No

15. Work Itinerary
   ▶ Service and Status Codes

<table>
<thead>
<tr>
<th>Service &amp; Status Code</th>
<th>Dates (Mo. &amp; Day)</th>
<th>Employer's Name and Address (Include Phone No.)</th>
<th>Job Order No.</th>
<th>Activity</th>
<th>Total Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>Total in Group</td>
</tr>
<tr>
<td></td>
<td>To</td>
<td></td>
<td></td>
<td></td>
<td>Total Workers</td>
</tr>
</tbody>
</table>

16. Supportive Services Needed

Individual's Name

Type of Needed Services

17. Comments On Any Item