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 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

5. **Attachments.**
   - Services to Migrant and Seasonal Farmworkers Report, ETA Form 5148
   - One-Stop Career Center (OSCC) Complaint/Referral Record, ETA Form 8429
<table>
<thead>
<tr>
<th>State:</th>
<th>Region:</th>
<th>Quarter Ending:</th>
<th>PY</th>
<th>OMB Approval No. 1205-0039</th>
<th>Expiration Date: 4/30/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A. Outreach Services**

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. Monitoring System (Reviews by State/Federal staff)**

1. Total number of significant local offices
   - Number of significant local offices reviewed
   - Number of non-significant local offices reviewed

**C. Referral of Apparent Violations to Enforcement Agencies**

1. Total number of ES-related apparent violations referred
   - To ESA
   - To OSHA
   - To Other
2. Total number of non-ES-related apparent violations referred
   - To ESA
   - To OSHA
   - To Other

**D. Agricultural Clearance Orders**

1. Total number of agricultural orders cleared/Total Number of workers referred
   - Intrastate
   - Interstate
   - H-2A related
2. Number of Orders on which field checks were conducted
3. Number of orders on which violations were found
   - Number of Orders on which violations were corrected through informal resolution
   - Number of orders having violations which were referred to enforcement agency
     - (To ESA)
     - (To OSHA)
     - (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' 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. 202100 (Paperwork Reduction Project 1205-0039).
1. Total Complaints received

<table>
<thead>
<tr>
<th>E. USES Complaint System</th>
<th>Period</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. MSFW, ES-related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. MSFW, non-ES related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. non-MSFW, ES-related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. non-MSFW, non-ES related</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
### A - Services to MSFWS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outreach</td>
<td></td>
</tr>
<tr>
<td>2. Monitoring</td>
<td></td>
</tr>
<tr>
<td>3. Referral of Violations</td>
<td></td>
</tr>
<tr>
<td>4. Field Checks on Clearance Orders</td>
<td></td>
</tr>
<tr>
<td>5. MSFW's Complaints</td>
<td></td>
</tr>
</tbody>
</table>

### B - Program Performance

- Local Office Visits

### C - Other
<table>
<thead>
<tr>
<th>DATA ITEMS</th>
<th>MSFW's</th>
<th>Non-MSFW's</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>A. Total applications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Referred to Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Received Staff Assisted Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Referred to Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Career Guidance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Job develop contact</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total equity indicators met: _________ OUT OF _________

Prepared by: ___________________________________________
<table>
<thead>
<tr>
<th>DATA ITEMS</th>
<th>Compliance Level (%)</th>
<th>Actual Level</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Placed in a job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Placed $.50 above min. wage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Placed in long term non-ag job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Reviews of significant offices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Field checks conducted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Outreach contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Timely proc. of ES complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of minimum service level indicators met: ________________

Comments:

Prepared by: ____________________________________________
### One Stop Career Center (OSCC) Complaint/Referral Record

**For OSCC Use Only**

<table>
<thead>
<tr>
<th>Complaint No.</th>
<th>Date Received</th>
</tr>
</thead>
</table>

#### Part I. Complainant’s Information

<table>
<thead>
<tr>
<th>Part</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of Complainant (Last, First, Middle Initial)</td>
</tr>
<tr>
<td>2a.</td>
<td>Permanent Address (No., St., City, State, ZIP Code)</td>
</tr>
<tr>
<td>2b.</td>
<td>Temporary Address (if Appropriate)</td>
</tr>
<tr>
<td>3a.</td>
<td>Permanent Telephone [ ] -</td>
</tr>
<tr>
<td>3b.</td>
<td>Temporary Telephone [ ] -</td>
</tr>
<tr>
<td>4.</td>
<td>Name of Person Complaint Made Against</td>
</tr>
<tr>
<td>5.</td>
<td>Name of Employer/OSCC Office</td>
</tr>
<tr>
<td>6.</td>
<td>Address of Employer/OSCC Office</td>
</tr>
</tbody>
</table>

#### Part II. For OSCC Use Only

**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 |

**Part II. For OSCC Use Only**
1. Migrant or Seasonal Farmworker? [ ] Yes [ ] No

2. Type of Complaint ("X" Appropriate Box(es))
   - [ ] Job Service Related Job Order No.
     [ ] Against Job Service
     [ ] Against Employer
     [ ] Alleged Violation of WIA Regulations
     [ ] Alleged Violation of Employment Law(s)
   - [ ] Non-Job Service Related

3. If non-Job Service-related, does Complaint concern laws enforced by U.S. Employment Standards Administration (Wage and Hour) or OSHA? [ ] Yes [ ] No

4. Kind of complaint ("X" Appropriate Box(es))
   - [ ] Wage Related
   - [ ] Child Labor
   - [ ] Working Conditions
   - [ ] Migrant and Season Agricultural Worker Protection Act (MSPA)
   - [ ] Health/Safety
   - [ ] Disability
   - [ ] Discrimination
   - [ ] Discrimination*
   - [ ] Other (Specify) __________

5. H-2a/Criteria Employer
   - [ ] U.S./Domestic Worker
   - [ ] H-2a Worker
   - [ ] Wages
   - [ ] Transportation
   - [ ] Meals
   - [ ] Housing
   - [ ] Other _________

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-123, Washington, D.C. 20210.

7a. Referrals To Other Agencies ("X" one)
   - [ ] Wage & Hour ESA/U.S. DOL.
   - [ ] OSHA
   - [ ] Other __________

b. Follow-Up ("X" one) [ ] Yes [ ] No [ ] Quarterly

7b. Follow-Up Date ______ / ______

8. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)
   ________________

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.

10a. Name and Title of Person Receiving Complaint

b. Phone No. ( ) ______

11. Office Address (No., St., City, State, ZIP Code)

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