



REGULATORY ISSUES OF TRANSPORTING MIGRANT & SEASONAL FARM WORKERS

For the Tomato Institute, 2012

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FLS Training

FARM LABOR SUPERVISOR **Certificate of Completion**

8 HOURS—REQUIRED “CORE” CLASSES

- ADM 001: Wage & Hour (2 hrs)
- PERS 001: Human Resources Compliance (2 hrs)
- SAFE 001: Pesticides, Field Sanitation, Food Safety (2 hrs)
- TRAN 001: Safe Driving (2 hrs)

8 HOURS —YOUR CHOICE FROM THE FOLLOWING:

- ADM 002: Farm labor contractor basics (2 hrs)
- ADM 003: Authorization to work (2 hrs)
- ADM 004: Workers' compensation (2 hrs)
- ADM 005: H-2A workers (2 hrs)
- HOUS 001: Housing (2 hrs)
- PERS 002: Case studies in EEOC (2 hrs)
- PERS 003: Personnel management (2 hrs)
- SAFE 002: Basic first aid / Equipment safety (2 hrs)
- SAFE 003: Personal safety / Emergency preparedness (2 hrs)
- SAFE 004: WPS Train-the-Trainer (4 hrs)
- TRAN 002: DOT and DOL regulations (4 hrs)

TRANSPORTING WORKERS

TRAN 001: SAFE DRIVING—CORE CLASS—2 hours

Vehicle maintenance and inspections
Van safety
Distracted driving
Defensive driving
Driving in rural areas



YOUR CHOICE TRANSPORTING WORKERS

TRAN 002: DOT AND DOL REGULATIONS FOR CDL-REQUIRED VEHICLES AND HIGH-CAPACITY VANS AND BUSES—4 hours

Vehicles and car-pooling regulations
Van safety issues
Licensing, authorizations, and insurance
Markings and postings
Driver qualification files
Hours of service explanation/ exercise
Drug & alcohol testing

YOUR CHOICE HOUSING

HOUS 001: HOUSING—2 hours

Permits, licenses, and authorizations
Standards, regulations, fines, and responsibility
Housing inspection exercise
Deductions and discrimination issues
Things to check on when housing workers in other states

Fall 2012 Farm Labor Supervisor **Core** Training Schedule

DATE	CITY	LOCATION
Tuesday, September 11	Homestead	UF Miami-Dade County Extension
Wednesday, September 19	Immokalee	Southwest FL Research & Education Center
Wednesday, September 26	Ft. Pierce	Indian River Research & Education Center
Wednesday, October 17	Wimauma	Gulf Coast Research and Education Center
Tuesday, October 23	Arcadia	Family Service Center
Tuesday, October 30	Sebring	Bert J. Harris Ag. Center, Auditorium
Wednesday October 31	Belle Glade	Everglades Research & Education Center

Morning session 8 -12 p.m. Wage & Hour, HR Compliance
Afternoon Session 1-5 p.m. WPS/ Field Sanitation, Safe Driving
(More dates and locations can be added as requested)

DOT “AGRICULTURE EXEMPTION”



EXEMPT



NOT EXEMPT

WORKER TRANSPORTATION-RELATED AGENCIES

- Federal Department of Transportation (DOT)
(Federal Motor Carrier Safety Association,
FMCSA)
- Federal Department of Labor (DOL/MSPA)
- Florida Highway Patrol (FHP)
- Florida Department of Business and
Professional Regulations (DBPR)

2011 CHANGES



~ 200




~ 2,000

DOT NUMBERS



CITATIONS

DRIVER/VEHICLE EXAMINATION REPORT			
	Florida Department of Transportation Motor Carrier Compliance Office - Bldg. K 325 John Knox Road Tallahassee, FL 32303 Phone: (850)245-7960 Fax: (850)245-7961		Report Number: FL516300 <i>xx44</i> Inspection Date: 05/04/2010 Start Time: 05:35 PM End Time: 06:09 PM Inspection Level: I - Full HM Inspection Type: None
	<i>XYZ Trucking</i> <i>PO Box 123</i> <i>IMMOKALEE, FL</i> USDOT#: _____ MC/MX#: _____ State#: _____ Location: IMMOKALEE Highway: SR 29	Phone#: _____ Fax#: _____ MilePost: _____ Origin: IMMOKALEE, FL	Driver: <i>John Doe</i> License#: <i>xx</i> Date of Birth: <i>mm dd yy</i> Co-Driver: _____ License#: _____ Date of Birth: _____ Shipper: _____ Bill of Lading: _____

	FLORIDA DEPARTMENT OF TRANSPORTATION OFFICE OF MOTOR CARRIER COMPLIANCE WWW.DOT.STATE.FL.US/MCCD COMMERCIAL MOTOR VEHICLE CITATION / PERMIT				CITATION NUMBER 6009 VEHICLE COPY	
	STOP DATE/TIME 04/22/10 8:00-01 PM		RELEASE DATE/TIME 04/29/10 8:07:04 PM		DOT NUMBER	
	LICENSEE NAME BR 28		TYPE OF VIOLATION COLLECTOR		PERMIT TYPE MISS	
	COLOR BR 28		VEHICLE IDENTIFICATION FL 34143		OTHER VIOLATIONS	

VIOLATIONS

<u>Section Code</u>	<u>Type</u>	<u>Unit</u>	<u>OOS</u>	<u>Citation #</u>	<u>Verify</u>	<u>Crash</u>	<u>Violations Discovered</u>
393.62(b)	F	1	Y		U	N	No or defective bus emergency exits, manufactured on or after 9/1/1973 but before 9/1/1994
393.95(a)	F	1	N		N	N	No/discharged/unsecured fire extinguisher
396.17(c)	F	1	N		N	N	Operating a CMV without periodic inspection
390.21(b)	F	1	N	60092079	N	N	Carrier name and/or USDOT Number not displayed as required
390.19	F	1	N		N	N	Motor Carrier failed to file required biennial update of MCS-150 as required

* Pursuant to the authority contained in 156.49, Code of Federal Regulations, Section 395.5, and Florida Statute 218.302, I hereby declare (check) ☒ I am the driver of the vehicle in this report ("OUT-OF-SERVICE"). No person shall remove, or allow to be removed, the out-of-vehicle decal(s) applied to the vehicle(s) or operate, or allow to be operated, such vehicle(s) until the out-of-service decal(s) have been repaired and the vehicle(s) returned to safe operating condition. Otherwise, violation of this order will subject the driver/operator to a civil penalty of not less than \$2,500.00. Drivers are also subject to being disqualified from operating a commercial motor vehicle in accordance with Florida Statute 322.91.




1-7

I certify that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Materials Regulations and Florida Statute 218.302, insofar as they are applicable to motor carrier and driver.

Signature Of Reporter X: _____ Facility: _____ Date: _____

*GARBAGE CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and Hazardous Materials Regulations and Florida Statute 218.302, insofar as they are applicable to motor carriers and drivers. Please sign the below certification and return this report to the nearest DOT office at the top of this report (within FIFTY (50) DAYS. Violators other than DOT or Service shall be reported (corrected before vehicle(s)) are re-dispatched.


Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:   

Driver X: _____

Motor Carrier X: _____

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PL163001272

[illegible]

OUT OF SERVICE/FUERA DE SERVICIO



IMPORTANT

PENALTIES FOR VIOLATION OF

OUT - OF - SERVICE ORDER

Pursuant to Title 49, Subsection 383.53, Code of Federal Regulations, the penalty for a driver violating an Out-of-Service order shall be subject to a civil penalty of not less than \$2,500.00. In order to establish uniform and equitable penalty assessments, the following penalties shall apply:

- First Offense - \$2,500.00**
- Second Offense - \$5,000.00**
- Subsequent Offenses - \$5,000.00**

Drivers are also subject to being disqualified from operating a commercial motor vehicle in accordance with Florida Statute 322.61

Pursuant to Title 49, Subsection 383.53, Code of Federal Regulations, the penalty for an employer or an employer who is also the driver violating an Out-of-Service order shall be subject to a civil penalty of not less than \$2,750.00 or more than \$25,000.00. In order to establish uniform and equitable penalty assessments, the following penalties shall apply:

- First Offense - \$2,750.00**
- Second Offense - \$5,000.00**
- Subsequent Offenses - \$10,000.00**

FLORIDA DEPARTMENT OF TRANSPORTATION
Office of Motor Carrier Compliance

Training Bulletin # 08-002

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Effective Date: July 17, 2008



IMPORTANTE

MULTAS POR INFRACCIONES DE

FUERA - DE - SERVICIO

DE ACUERDO CON EL TITULO 49 DE LAS REGULACIONES FEDERAL JUNTO CON LA PARTE 383.53, LAS MULTAS POR UN CHOFER QUE INFRINGE UNA ORDEN DE "FUERA DE SERVICIO" NO SERA MENOS DE \$2,500.00, PARA ESTABLECER Y MANTENER UNA MANERA INVARIABLE DE MULTAS PARA LAS INFRACCIONES DE LA ORDEN DE "FUERA DE SERVICIO". LAS MULTAS SERAN LAS SIGUIENTES:

- PRIMER DELITO- \$2,500.00**
- DELITO HECHO POR SEGUNDA VEZ- \$5,000.00**
- TERCER o SUBSIGUIENTE DELITOS- \$5,000.00**

De acuerdo con el Estatuto de Florida 322.61., el conductor también está expuesto de ser descalificado de poder operar un vehículo comercial.

DE ACUERDO CON EL TITULO 49 DE LAS REGULACIONES FEDERAL JUNTO CON LA PARTE 383.53, LAS MULTAS POR UN EMPRESARIO DE UN VEHICULO COMERCIAL QUE INFRINGE UNA ORDEN DE "FUERA DE SERVICIO" NO SERA MENOS DE \$2,750 Y NO MAS DE \$25,000. LAS MULTAS SERAN LAS SIGUIENTES:

- PRIMER DELITO- \$2,750.00**
- DELITO HECHO POR SEGUNDA VEZ- \$5,000.00**
- TERCER o SUBSIGUIENTE DELITOS - \$10,000.00**

FLORIDA DEPARTMENT OF TRANSPORTATION
Motor Carrier Compliance Office

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Effective Date: July 17, 2008

Driver Vehicle Inspection Report

BUS DRIVER'S VEHICLE INSPECTION REPORT

COMPANY _____ BUS NO. _____

ODOMETER READING _____ DATE: _____ TIME: _____

END MILEAGE: _____ START MILEAGE: _____ TOTAL MILEAGE: _____

INSPECT ITEMS LISTED - IF DEFECTIVE, NUMBER AND DESCRIBE IN "REMARKS"

<ul style="list-style-type: none"> FLUID LEAKS UNDER BUS LOOSE WIRING, HOSE CONNECTIONS OR BELTS IN ENGINE COMPARTMENT DIL LEVELS RADIATOR COOLANT LEVEL BATTERY TRANSMISSION UNUSUAL ENGINE NOISE GAUGES & WARNING LIGHTS BURNING HORN FANS & DEFROSTERS WIPERS & WASHERS STOP ARM CONTROL (WARNING CONTROL) STOP ARM OUTSIDE MIRROR WIRING PEDAL & WARNING LIGHT OPERATION OF SERVICE DOOR EMERGENCY EQUIPMENT FIREST AND NOT ENTRANCE STEPS CLEANLINESS OF INTERIOR CONDITION OF FLOOR 	<ul style="list-style-type: none"> EMERGENCY DOOR & BUZZER HEADLIGHTS, FLASHERS & 4-WAY FLASHERS RIGHT FRONT TIRE & WHEEL FRONT OF BUS - WINDSHIELD LEFT FRONT TIRE & WHEEL STOP ARM (SCHOOL BUS) EXHAUST SYSTEM LEFT SIDE OF BUS - WINDOWS & LIGHTS LEFT REAR TIRE & WHEELS REAR OF BUS - WINDOWS & LIGHTS TAIL PIPE RIGHT REAR TIRE & WHEELS RIGHT SIDE OF BUS - WINDOWS & LIGHTS DRIVER'S SEAT AND BELT DIRECTIONAL LIGHTS PARKING BRAKE OR SERVICE BRAKE CLUTCH STEERING WHEEL CHAIR LIFT
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REMARKS _____

CONDITION OF ABOVE VEHICLE IS: ☐ SATISFACTORY ☐ UNSATISFACTORY

DRIVER'S SIGNATURE _____ DATE _____

MECHANIC'S SIGNATURE _____ DATE _____

DRIVER REVIEWING REPAIRS, SIGNATURE _____

ORIGINAL

ANNUAL VEHICLE INSPECTION REPORT

Company: _____ Inspector (Print): _____

Address: _____ City, St, Zip _____

Unit # _____ VIN: _____ MAKE: _____ MODEL: _____ License #: _____

Odometer Reading _____ COMPONENTS INSPECTED _____ Date of Inspection: _____

ITEM	Pass	Defect	ITEM	Pass	Defect
1. Brake System			6. Steering Mechanism		
a. Service brakes			a. Steering wheel free play		
b. Parking brakes			b. Steering column		
1. Push rod travel			c. Front axle beam and all steering components other than steering column		
2. Lining thickness			d. Steering gear box		
c. Brake drum or rotors			e. Pitman arm		
d. Brake hoses			f. Power steering		
e. Brake tubing			g. Ball and socket joints		
f. Low Pressure warning device			h. Tie rods and drag links		
g. Tractor protection device			i. Nuts		
h. Air compressor Electric brakes			j. Steering system		
i. Hydraulic brakes			Other - List:		
j. Vacuum system					
2. Coupling Devices			7. Suspension		
a. Fifth wheel			a. Any U-Bolts, Spring hangers, or other axle positioning part(s) cracked, broken, loose, or missing resulting in shifting of an axle from its normal position		
b. Pintle hook			b. Spring Assembly		
c. Safety devices			c. Torque, radius, tracking components		
3. Exhaust system			8. Frame		
a. Any exhaust system determined to be leaking at a point forward of or directly below the driver's/steer compartment			a. Frame members		
b. No part of the exhaust system shall be so located as would likely result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.			b. Tire and wheel clearance		
4. Fuel system and lines			9. Tires		
a. Visible leaks			a. Cuts or blemishes		
b. Fuel tank filler caps			b. Tread depth		
c. Fuel tank security			10. Wheels and rims		
5. Lights and reflectors			a. Lock or ring slide		
a. Turn signals and lens			b. Wheels and rims		
b. 4-way emergency flasher			c. Fasteners		
c. Headlights			d. Welds		
d. Clearance lights			11. Windshield glazing and cracks		
e. Stop lights, tail lights, and lens			12. Windshield wipers		
f. Reflectors			13. Safe loading - Part(s) of vehicle or condition of load areas such that the spare tire or any part of the load or equipment can fall into the roadway		

I, _____, am qualified to perform an annual vehicle inspections pursuant to Part 396.19 for the following reason(s):

☐ 1. Successfully completed a state or federally sponsored training program.

☐ 2. Have at least one year training or experience in the following:

☐ a. Participation in a truck/bus operation and maintenance training program.

☐ b. Experience as a mechanic or inspector in a motor carrier maintenance program.

☐ c. Experience as a mechanic or inspector in truck or bus maintenance at a commercial garage, leasing company, or similar facility.

☐ d. Experience as a trained inspector for a state or the federal government.

INSPECTION CERTIFICATION

I hereby certify that I have been issued a copy of Appendix G of 49 CFR Part 396 and that the annual inspection I have performed is accurate and complete pursuant to the inspection criteria set forth therein.

INSPECTORS SIGNATURE: _____

VEHICLE INSPECTION

- DAILY – Keep completed forms for 12 months
- PERIODIC (at least annually) – Keep completed forms for 14 months.

DOT REQUIRED DOCUMENTS



MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.48) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:		
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intensity zone (49 CFR 391.62)	
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)	
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 391.54	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		

CDL required?



CHANGE VIN Number

NAVISTAR INTERNATIONAL TRANSPORTATION CORP.
CHICAGO, ILLINOIS **NAVISTAR**™

VIN	MODEL	W.B.
1HTBBAAN8SH228984	3800	254
DATE MFG.	PD LOC - DATE	
11-MAY-1995		



MADE IN UNITED STATES OF AMERICA

2029322C1

DRIVER QUALIFICATION FILES REQUIRED FOR DRIVERS OF:

GVWR 26,000+ pounds

OR

Transport of 15 or more passengers plus driver

OR

**Passenger vehicle with GVWR of 10,000+
pounds**

*maximum operating weight of a vehicle as specified by the manufacturer, including the engine fluids, fuel, accessories, driver, passengers, and cargo but excluding that of any trailers.

HOURS OF SERVICE

- 10/15 – No more than 10 hours driving and no more than 15 hours total “on duty,” with 8 hours rest in between.
- 60/70 – No more than 60 hours in 7 consecutive days, or 70 in 8 days (pick one)
- 12 hour rule – for drivers who stay within 100 air mile radius.

A day in the life of a Farm Labor Bus Driver

U.S. DEPARTMENT OF TRANSPORTATION			DRIVER'S DAILY LOG (ONE CALENDAR DAY - 24 HOURS)		ORIGINAL - Submit to carrier within 13 days DUPLICATE - Driver retains possession for eight days	
<u>Oct 5 2011</u> (MONTH) (DAY) (YEAR)		<u>290</u> (TOTAL MILES DRIVING TODAY)		<u>2098114</u> VEHICLE NUMBERS - (SHOW EACH UNIT)		
<u>Martinez Harvesting</u> (NAME OF CARRIER OR CARRIERS)			I certify these entries are true and correct: <u>Miguel A. Martinez</u> (DRIVER'S SIGNATURE IN FULL)			
<u>42 Bell Blvd, Lehigh Acres</u> (MAIN OFFICE ADDRESS)			<u>NA</u> (NAME OF CO-DRIVER)			

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: OFF DUTY																								<u>9</u>	
2: SLEEPER BERTH																								<u>6</u>	
3: DRIVING																								<u>9</u>	
4: ON DUTY (NOT DRIVING)																								<u>9</u>	
<u>24</u>																									

REMARKS	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11
<p>Lehigh</p> <p>Honestead</p> <p>Lehigh</p> <p>Pro or Shipping No. <u>Immokellee</u></p>																								

Drug & Alcohol Testing Program



Safety Sensitive Functions

- Until D&A test returns positive, a new driver may not:
 - Drive
 - Ride
 - Wash
 - No contact with the vehicle whatsoever

DOT-required Postings



DOL AND DBPR REQUIREMENTS



CAR-POOLING





C



DOL/DBPR REQUIRED DOCUMENTS

Doctor's Certificate		U.S. Department of Labor Employment Standards Administration Wage and Hour Division	
This is to certify that I have this day examined:			
(Name)		(Age)	
(Type of Operator's License)	(Number)	(State)	
In accordance with Section 398.3(h) of the Motor Carrier Safety Regulations of the Department of Transportation, and that I find the applicant:			
<input type="checkbox"/> Qualified under said rules.			
<input type="checkbox"/> Qualified only when wearing glasses.			
<input type="checkbox"/> Not Qualified.			
I have kept on file a completed examination.			
(Date)		(Place)	
(Signature of examining doctor)			
(Address of doctor)			
(Signature of driver)			
(Address of driver)			
Form WH-515 (Rev. 12/83)			

Copy 1 - To be submitted with application
Copy 2 - Applicant's Copy
Copy 3 - Employer's Copy
Copy 4 - Doctor's Copy

Take this form to your doctor. Ask the doctor to read this section, examine you, and fill in the certificate (located on the front of this form). You must carry this with you at all times.

To the Doctor:

Section 398.3(h) provides:

No person shall drive any vehicle carrying migrant workers without possessing the following minimum qualifications:

No mental, nervous, organic, or functional disease likely to interfere with safe driving;

No loss of foot, leg, hand, arm;

No loss fingers, impairment of use of foot, leg, hand, fingers, arm or other structural defects or limitation likely to interfere with safe driving.

Eyesight: visual acuity of at least 20/40 (Snellen) in each eye either without glasses or by correction with glasses; form field of vision in the horizontal meridian shall not be less than a total of 140 degrees; ability to distinguish colors, red, green, and yellow; drivers requiring correction by glasses shall wear properly prescribed glasses at all times when driving.

Hearing shall not be less than 10/20 in the better ear for conversational tones without a hearing aid.

Shall not be addicted to the use of narcotics or habit-forming drugs, or to the excessive use of alcoholic beverages or liquors.

I certify that I have examined		In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, I find this person is qualified, and, if applicable, only when:	
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.83)		
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)		
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 391.84		
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.			
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Osteopathic	<input type="checkbox"/> Advanced Practice Nurse
		<input type="checkbox"/> Physician Assistant	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE			
SIGNATURE OF DRIVER		DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER			
MEDICAL EXAMINER'S EXAMINATION DATE			

DOL/DBPR REQUIRED POSTINGS



MSPA-REQUIRED POSTERS

Migrant and Seasonal Agricultural
Worker Protection Act

U.S. Department of Labor
Wage and Hour Division

WHD

OMB No. 1250-0046
Expires: 02/01/2011

Worker Information — Terms and Conditions of Employment

1. Place of employment _____

2. Period of employment From _____ To _____

3. Wage rates to be paid \$ _____ per hour (Place Rate B _____ per _____)

4. Hours of work of workers _____

5. Transportation or other benefits, if any _____

6. Charge(s) to workers, if any _____

7. Workers' compensation insurance provided: Yes _____ No _____

Name of compensation carrier _____

Name and address of policyholder(s) _____

Person(s) and phone number(s) of person(s) to be notified in the case of _____

Deadline for filing claim _____

8. Unemployment compensation insurance provided: Yes _____ No _____

9. Other benefits: _____ Charge(s) _____

10. For migrant workers who will be housed, the kind of housing available and cost, if any _____

Charge(s) _____

11. List any strike, work stoppage, slowdown, or interruption of operations by employees at the place where the workers will be employed. (If there are no strikes, etc., enter "None".) _____

12. List any arrangements which have been made with establishment owner or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None".) _____

Notes of Parents/Providing This Information:

Note: This Department of Labor — Wage and Hour Division requires this form available in certain other languages to enable employers to satisfy the requirement that the terms and conditions of employment be disclosed in a language known to the workers. Contact the nearest office of the Wage and Hour Division for other such forms.

While completion of Form WH-141 is optional, it is mandatory for Farm Labor Contractors, Agricultural Employers, and Agricultural Associations to provide employment terms and conditions in writing to migrant and day-labor workers upon recruitment, and to seasonal workers other than day-labor workers upon request when an offer of employment is made to request in the information collection contained in 29 CFR §§ 505.15-505.19. This optional form may be used to document the required information. Therefore, any migrant or seasonal worker has the right to have, upon request, a written statement provided to him or her by the employer, of the information described above. This optional form may also be used for this purpose.

We estimate that it will take an average of 10 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room 9-2001, 1201 Constitution Avenue, N.W., Washington, D.C. 20503. Do NOT send the comments to the Department of Labor.

Persons are not required to respond to this information unless it displays a currently valid OMB number.

Submit Form WH-141 to your nearest office.



THANK YOU!

