Persons are not required to respond to this information unless it displays a currently valid OMB number.					OMB No.: 1215-0187 Expires: 02-28-05
Worker Information -Terms and Conditions of Employment					
1. Place of employment:					
2. Period of employment:	From		То		
3. Wage rates to be paid:	\$	per Hour	Piece Rate \$	per	
4. Crops and kinds of activities	:				
5. Transportation or other bene	fits, if any:				
Charge(s) to workers, if any	:				
6. Workers' compensation insu		Yes			
Name and address of policyho					
	· · ·				
Person(s) and phone number(s	s) of person(s) to be notif	ied to file claim:			
Deadline for filing claim:					
7. Unemployment compensatio					
8. Other benefits:				Charge(s)	
9. For migrant workers who will	be housed, the kind of	housing available and	l cost, if any:		
Charge(s)					
10. List any strike, work stoppag are no strikes, etc., enter "		ruption of operation b	y employees at the place wher	e the workers will be en	nployed. (If there
11. List any arrangements which				of a commission or oth	er benefits for
sales made to workers. (If the second s	here are no such arrai	ngements, enter "Noi	ne"):		
Name of Person(s) Providing Th	is Information:				
<i>Note</i> : The Department of Labor requirement that the terms and c	- Wage and Hour Divi conditions of employme				
and Hour Division to obtain such		ion Act requires the	icologues in writing of the force	aina information to mis	ment and day have
The Migrant and Seasonal Agrico workers upon recruitment, and to form may be used to disclose th statement provided to him or her	o seasonal workers ot e required information	her than day-haul wo n. Thereafter, any mi	rkers upon request when an o grant or seasonal worker has	ffer of employment is m the right to have, upon	ade. This optional request, a written
We estimate that it will take an a existing data sources, gathering comments regarding this burden	g and maintaining the estimate or any other	e data needed, and o r aspect of this collec	completing and reviewing the tion of information, including su	collection of informatic uggestions for reducing	on. If you have any this burden, send
them to the Administrator, Wage Completed Form to This Office		≺oom S-3502, 200 C	onstitution Avenue, N.W., Wa	snington, D.C. 20210.	DO NOT Send the

