



State	Region	Quarter Ending	PY	OMB Approval No. 1205-0039 Expiration Date: 9/30/2000
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	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		
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) To ESA		
(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. 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 U.S. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0039).

(Continuation)

	Report Period	Cumulative
<b>MSFW Complaint System</b>		
1. Total Complaints received		
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		



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**A - Services to MSFWS**

Activity	Comments
1. Outreach	
2. Monitoring	
3. Referral of Violations	
4. Field Checks on Clearance Orders	
5. MSFW's Complaints	

B - Program Performance	Name(s) of Office(s)	Date(s) of Review(s)
Local Office Visits		

C - Other	
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(See Part One for Burden Disclosure Statement)

ES Service Provided Migrant and Seasonal  
Farmworkers Equity Ratio Indicators



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DATA ITEMS

Individuals	MSFW's		Non-MSFW's		Equity	
	#	%	#	%	Yes	No
A. Total applications						
1. Referred to jobs						
2. Provided with some service						
3. Referred to supportive service						
4. Counseled						
5. Job development contact						

Total equity indicators met: \_\_\_\_\_

Comments:

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

(See Part One for Burden Disclosure Statement)

**ES Services Provided Migrant  
And Seasonal Farmworkers  
Minimum Service Level Indicators**



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**DATA ITEMS**

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

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

**\*Note:** Please list the names of the local offices reviewed and the dates of the visits on Part Two.

**Comments:**

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

(See Part One for Burden Disclosure Statement)