

FIELD CHECK/APPARENT VIOLATION FORM

Date Received:

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20 CFR 653.503 states: “(a) If a worker is placed on a clearance order, the SWA must notify the employer in writing that the SWA, through its ES offices, and/or Federal staff, must conduct random, unannounced field checks to determine and document whether wages, hours, and working and housing conditions are being provided as specified in the clearance order.

(b) Where the SWA has made placements on 10 or more agricultural clearance orders ... during the quarter, the SWA must conduct field checks on at least 25 percent of the total of such orders. Where the SWA has made placements on nine or fewer job orders during the quarter (but at least one job order), the SWA must conduct field checks on 100 percent of all such orders. This requirement must be met on a quarterly basis.

(c) Field checks must include visit(s) to the worksite at a time when workers are present. When conducting field checks, ES staff must consult both the employees and the employer to ensure compliance with the full terms and conditions of employment.

(d) If SWA or Federal personnel observe or receive information, or otherwise have reason to believe that conditions are not as stated in the clearance order or that an employer is violating an employment-related law, the SWA must document the finding and attempt informal resolution where appropriate (for example, informal resolution must not be attempted in certain cases, such as E.O. related issues and others identified by the Department through guidance.) If the matter has not been resolved within 5 business days, the SWA must initiate the Discontinuation of Services ... and must refer apparent violations of employment-related laws to appropriate enforcement agencies in writing.”

In addition to the employer’s name, address and phone number, to the extent possible, please include addresses and phone numbers of any persons involved in or able to corroborate the information alleged in the apparent violation.

A. Employer:

B. Employer’s Address and Telephone Number (include e-mail address, if available):

C. Source of Information (customer, outreach, consultant observation, telephone call, field check, etc.):

D. Indicate what happened &/or describe the situation:

E. Identify and attach all documentation and related materials:

VIOLATION

a. Does this employer have a current listing with NJLWD? NO YES

b. Has this employer had a listing with NJLWD within the last 12 months? NO YES

c. Does the current situation suggest violations of the job listing? NO YES

d. Does the current situation suggest violations of Job?

Service regulations?

e. Does the current situation suggest violations of employment related laws?

2. If **1.a.** is NO check the Non-JS related box NO – **Non-JS-Related** YES – **JS-Related**

If **1.a.** or, **1.b.** and **1.c.** are BOTH YES, check the JS- Related box

3. Does the violation involve a MSFW? **Non-MSFW** **MSFW**

4. Indicate all the issues involved and/or alleged:

Wages- Field Sanitation- Health/Safety- Child Labor- Migrant Seasonal Protection Act- State FLC license-

5. Does the complaint involve Temporary Labor Certification, Agricultural (H2A) or other workers?

H2A Worker H2A Employer Other Worker Other Employer

If **H2A** related, please indicate all of the issues involved and/or alleged:

Transportation- Housing- Wages- H2A Job Listing Assurances- Meals- Working Conditions- Other-