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STATE OF NEW YORK  
DEPARTMENT OF LABOR

ATTACHMENT NO. 1  
ORDER NO. \_\_\_\_\_

**Item #11, (con't)**

PESTICIDE TRAINING: The employer is certified in the use and application of pesticides per Federal Environmental Protection Agency and State Department of Environmental Conservation requirements. The employer assures that workers hired under this order who will be handling pesticides will be provided appropriate training. \_\_\_\_\_ (If not applicable, insert N/A)

Dates of Activity for crop activities: (for 2 or more crops)

Crop/Activity	Dates of Activity	
Trim brush, repair equipment and trucks, pick stones, clean & repair storage units and barns	3/12- 4/ 15	
<b>Corn</b>		
Plow, harrow pick stones	4/1 - 5/15	
Plant, fertilize, spray	4/7 - 5/30	
Fertilize, cultivate	6/1 - 6/15	
Harvest, transport	9/1 - 11/20	
<b>Bean</b>		
Plow, harrow,	4/1/ - 5/15	
Plant, fertilize	5/15/ - 6/ 1	
Side dress, spray	6/15 - 6/30	
Harvest, transport	9/15 - 10/ 15	
<b>Hay</b>		
Plow, harrow,	4/1- 8/30	
Plant, fertilize	4/15 - 9/1	
Harvest, transport	6/1 - 10/ 15	
Plowing, load feed, repair machinery	11/1 - 12/31	

Western is 5%\* and 10%\*\*  
Eastern is 4%\* and N/A\*\*  
FPH

STATE OF NEW YORK  
DEPARTMENT OF LABOR

ATTACHMENT NO. 2  
ORDERNO. \_\_\_\_\_

**Assurances & Requirements**

GENERAL: (a) The terms and conditions of this order shall be no less favorable than those contained in any existing labor contract or agreement by me or my agent for the same type of work. A copy of the Work Agreement and/or Job Order shall be posted in the labor camp and be made available. A copy of the Job Order will be provided to the worker no later than the day on which the worker begins employment. The employer assures that the working conditions of this order comply with the applicable Federal and State employment related laws and agrees to abide by the regulations at 20 CFR 655.103, Assurances, and 20 CFR 653.501.

(b) Duly authorized State and Federal representatives (including outreach workers) will be allowed reasonable access to the workers during normal working hours.

(c) Workers hired under this order will be required to show evidence of right to work in the United States.

(d) Workers must be able to demonstrate that they are physically able to perform the work specified in this Job Order.

**Item #5** - (a) Starting Date: The employer may amend the starting date of need by informing the order holding office no later than 3/6/10. If the employer fails to amend the date of need, the employer shall pay eligible workers referred through the interstate clearance system a minimum rate of the current Adverse Effect Wage Rate (AEWR) for each eight (8) hour work day in the first week on which those workers were present and available for work and no work specified in the Job Order (Item #11) is offered.

(b) Failure of workers referred against this order to notify the local office of their continued interest and/or verify the date of need no sooner than 3/6/10 nor later than 3/13/10 will disqualify the worker from the above assurance.

(c) Ending date: An extension of employment beyond the period of employment in the Job Order shall not relieve the employer from paying wages already earned, transportation/subsistence expenses and bonuses if applicable.

STATE OF NEW YORK  
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ATTACHMENT NO. 3  
ORDER NO. \_\_\_\_\_

**Item #7 -**

- (a) Employer will negotiate any and all crew leader fees directly with the crew leader.
- (b) Crew Leaders anticipating employment in New York State will be required to register with the New York State Department of Labor and pay the required \$100 crew leader registration fee in addition to any other fees that may be applicable.

**Item #8 -** Total number of migrant and seasonal farmworkers needed 4.

**Item #9 -** (a) An hourly rate of not less than the Federal or State minimum wage. The Adverse Effect Wage Rate (AEWR), or the employers hourly rate, whichever is highest, is guaranteed to the worker for the period of employment. The 2006 AEWR will be paid when it is established. (Item # 5).

(b) If a piece rate is offered on the Job Order, the work at the piece rate will be guaranteed to the workers for the stated period of employment unless crop activity is such that the piece rate will not realize the workers an hourly equivalent of at least the current AEWR, in which case the worker will be paid the equivalent of an hourly rate of not less than the AEWR, the Federal or State minimum rate, the prevailing hourly rate or the employer's hourly rate, whichever is highest.

(c) The employer will make the following deductions: (1) FICA (as required) (2) Federal/State tax withholdings (as required) (3) other (specify)

(4) cash advances (as required) (5) commissary meals, if provided and to the extent permissible under Federal and State wage requirements and

(6) voluntary deductions evidenced by written authorization signed by the worker.

(d) Employer will maintain adequate payroll records. Workers will be paid weekly on Friday for work through Sunday. A written statement showing (1) employer's full name and address, (2) worker's social security number, (3) total hours offered and total hours actually worked or total number of units, if piece rate, (4) total earnings for the pay period, and (5) deductions will be furnished the worker each pay day. (See attachment No. 6 Item #4 for payday/workweek applicable to this order).

STATE OF NEW YORK  
DEPARTMENT OF LABOR

ATTACHMENT NO. 4  
ORDER NO. \_\_\_\_\_

(e) The employer guarantees to offer employment for a minimum of three-fourths of the workdays of the total specified period during which the job order, and all extensions thereof, are in effect. This guarantee begins with the first workday after the worker's arrival at the place of employment and ends on the date specified on the job order or extensions thereof. Workers will not be required to work more than eight hours per day, on their Sabbath or Federal holidays, to meet this guarantee. The worker's average hourly earnings will be used under this guarantee where wages are paid on a piece rate basis.

(f) Workers with school age children who have migrated with such children and who depart in time to return home for the beginning of the school year shall be paid, in addition to the basic wages, any bonus or other incentive payments or other expenses to which they would be entitled had they stayed the entire job order period.

(g) The employer may terminate worker's employment hereunder at any time with notification to the local New York State Department of Labor office for any of the following reasons:

- (1) Refusing, without just cause, to perform the duties for which the worker was recruited and hired.
- (2) Committing a serious act of misconduct or breach of discipline.
- (3) Failure to reach productivity standards, if applicable. (See Attachment 1 Item 11)
- (4) Job Abandonment- being absent for more than one (1) work day, as shown in Item 10, without prior notification to the employer.

When worker is terminated under any of these provisions, or if the worker voluntarily terminates his employment, the employer shall not be liable for the three-fourths guarantee.

**Item #10** - Workers are expected to work at least the number of days and hours specified on the Job Order. However, depending on weather, crop or other conditions, workers may be requested, but not required, to work up to six days per week and/or on their Sabbath and up to 10 hours per day.

**Item #13** - (a) Employer (**will not**) provide three meals per day and will deduct \$ NA per day. (Deductions will not depress the minimum wage).

(b) Employer (**will**) furnish free dishes, cooking utensils and convenient kitchen and cooking facilities.

(c) Employer (**will**) provide transportation to assure workers access to stores where they can purchase groceries and/or other incidentals.

**Item #14** - Housing, beds, bedding and mattresses will be furnished at no cost to the workers. Employer assures that housing will be clean and in compliance with all applicable standards during the occupancy. Workers will be responsible for maintaining housing and surrounding area in a neat and clean manner.

**STATE OF NEW YORK  
DEPARTMENT OF LABOR**

**ATTACHMENT NO. 5  
ORDER NO. \_\_\_\_\_**

**Item #15** - In order to assure the most effective referral and placement of workers, all referrals should be made during normal business hours.

In addition, if the person designated as the contact person on the Summary of Employment Conditions sheet attached to this order is not available for an extended period of time, there will be someone available at the farm to process referrals.

**Item #16** - Collect calls will be accepted only from officials of New York State Department of Labor offices.

**Item #17** - (a) Employer agrees to reimburse inbound transportation and subsistence expenses to each worker, or any person, government agency or private organization which, on behalf of the worker has paid or advanced such transportation and subsistence expenses, from the residence, place of last employment or place of recruitment to the job site after the worker has completed 50% of the stipulated period of employment from initial date of need or from the day after actual arrival of worker if later than the stated date to report.

(b) The employer assures that the employer will bear and pay transportation related expenses either directly to the provider of travel or indirectly to reimburse the worker so that the workers weekly pay is not diminished below the applicable Federal minimum wage required by Section 6 of the Fair Labor Standards Act, 29 USC 201.

(c) Employer will provide or pay the cost of return transportation and subsistence to each worker who completes the employment period, or who is terminated for medical reasons, or as the result of an Act of God, enroute from place of employment to place of recruitment, except when the worker is not returning to his place of recruitment and had subsequent employment with an employer, who will bear transportation expenses. The employer is required to reimburse workers who are unable to provide receipts for their transportation expenses a minimum of \$9.90.

(d) Employer will not be responsible for providing return cost of transportation and subsistence enroute from place of employment to place of recruitment if the worker voluntarily abandons the job or is terminated for cause.

(e) The amount of transportation payment will be equal to the most economical and reasonable similar common carrier charges for the distance involved. All transportation provided by the employer will be by common carrier or other transportation facilities which conform to the applicable regulations of the Interstate Commerce Commission or the United States Department of Labor. If requested by the worker, the employer will assist in making transportation arrangements.

(f) Employer will provide transportation, at no cost to the worker, from the employer-provided housing to the actual work site, and return at the end of the day.

**SUMMARY OF EMPLOYMENT CONDITIONS**

1. Employer: Rovers dairy
2. Referral instructions: phone during regular business hours
3. Contact person: 518 846-7513 Lance Rovers
4. Crop/Activity/Wage Information:

Crop/Activity	Piece Rate	Production Unit (1)	Hourly Wage (2)
Hay/ plant, fertilize, harvest, transport			12.04
Corn/ plant, cultivate, spray, harvest, transport			12.04
Beans/ plant, cultivate, spray, harvest, transport			12.04

- (1) Minimum Productivity Standards NA  
(2) Employer agrees to pay all workers employed in the 2010 season at the ~~2010~~ 2010 prevailing wage, AEWR when it is established.

4. Workers will be paid weekly on Friday for work through Sunday
5. Workers required to be covered by Workers Compensation.  
Compensation Carrier: Farm Family Insurance Policy #: 24104060  
Policy holder/address: Rovers dairy llc. 396 North Farm Rd., Chazy, NY 12921

Person to be notified of injury w/phone number 518 846 7513 Lance Rovers:  
Deadline for notification: Immediately, but no later than 30 days from date of injury.

6. Workers (~~will not~~) be covered by disability benefits.
7. Work performed under this order (~~will not~~) be covered by Unemployment Insurance:
8. The employer (~~will not~~) pay overtime.
9. (a) Employer (~~will not~~) provide three meals per day and will deduct \$ NA per day. (Deductions will not depress the Federal minimum wage).  
(b) Employer (~~will not~~) furnish free dishes, cooking utensils and convenient kitchen and cooking facilities.  
(c) Employer (~~will not~~) provide transportation to assure workers access to stores where they can purchase groceries and/or other incidentals and/or medical necessities.

**SUMMARY OF EMPLOYMENT CONDITIONS**

**10. DEDUCTIONS FROM WAGES:**

<u>Type:</u>	<u>Amount:</u>
Social Security	<u>\$ As Required</u>
Federal/State Withholding Tax	<u>\$ As Required</u>
Meals	<u>\$ NA</u>
Other	<u>\$ NO</u>

**11. NOTES TO WORKER (See Item #19 of ETA 790)**

A copy of the full job order is available for inspection at NYSDOL website. The employer has guaranteed your first week wages unless he/she notifies this Department of Labor Office of a later starting date by 3/06/10.

In order for you to be eligible for this guarantee, you must contact the Department of Labor Office during the period of 3/07/10 and 3/13/10, at:

NYS Department of Labor - DoES

Any Department of Labor Job Service Office will assist you in doing this.

**12. Alternate work tasks to be performed, and pay during first week in case of crop delay: NA**

**REQUEST FOR CONDITIONAL ACCESS INTO CLEARANCE SYSTEM**

NAME OF EMPLOYER Rover's Farm

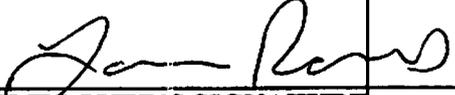
**LOCATION AND DESCRIPTION OF HOUSING**

At the farm, an apartment in woodframe house.

I hereby request conditional access into the intrastate/interstate clearance system so that my clearance order can be transmitted to labor supply states in a timely manner for the recruitment of agricultural workers.

As a condition of placing my order into clearance, I assure that such housing will be in full compliance with the requirements of the U.S. Department of Labor and Part 15 of the New York State Sanitary Code for Migrant Labor Camps by 2/18/10 which is 30 days prior to date of need.

Representatives from the New York State Department of Labor, New York State Health Department and/or U.S. Department of Labor are invited to inspect such housing at any reasonable time to verify its condition.

  
\_\_\_\_\_  
EMPLOYER'S SIGNATURE

1-29-10  
DATE

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