

MIGRANT LABOR WORKER AGREEMENT

Wisconsin Migrant Labor Law Wis. Stat. §§ 103.90-103.97 Wis. Admin. Code Ch. DWD 301

The information requested on this form is required under Wis. Stat. § 103.915 and Wis. Admin. Code Ch. DWD 301 to employ a migrant worker into the state of Wisconsin. Per Wis. Stat. § 103.915(2), an Employer/Migrant Labor Contractor (MLC) may elect not to use this form; however, if this form is not used, the Employer/MLC must use a form approved by the Department of Workforce Development ("DWD" or "the Department").

Personal information you provide may be used for secondary purposes per Wis. Stat. § 15.04(1)(m). Providing your social security number (SSN) is required so the Department can verify that the Employer/MLC is making the required payroll deductions and tax statements.

Note: Pursuant to Wis. Admin. Code § DWD 301.05(8)(b), Migrant Labor Worker Agreement/Contracts shall be maintained for 3 years and made available to the worker or DWD for inspection upon request. A copy of the written recruiting disclosure statement required under Wis. Stat. § 103.915(1)(a) should also be maintained with this form and available for inspection.

Per Wis. Stat. § 103.915(8), the recruiting disclosure statement, this work agreement and any incorporated attachments shall be written in English and, if the customary language of the migrant worker is not English, in the language of the worker. Both the English and translated version should be maintained and available for inspection.

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1.Worker Information				
Worker Name	Worker Permanent Address			
Worker Telephone Number	Worker Social Security Number			
2. Employer/MLC Information	T			
Employer or MLC Name (also known as "recruiter")	Employer/MLC Permanent Address			
	Faralana (MALO Talanhana Numahan			
Place of Employment (List work site address) (If more than one address, attach a complete list)	Employer/MLC Telephone Number			
(ii more than one address, attach a complete list)				
3. Kind of Work Available (Job Description and Crops)				
Check all that apply.				
Planting Cultivating Harvesting Handling cr	ops Drying Packing Packaging Raising			
Processing Freezing Grading Storing				
Any agricultural or horticultural commodity in its unmanufactured state.				
Type of crop(s)				
71				
4. Applicable Wage Rates (Check here if wage details are	attached)			
Hourly Wage Rate				
Position Recruited:	Recruited Hourly Wage: \$			
	·			
Position Hired:	Hired Hourly Wage: \$			
Update this section if the worker's position and/or hourly wage changes:				
Undeted Decitions	Lindated Harris Warra C			
Updated Position:	Updated Hourly Wage: \$			
Update Date: Worker Initials:	_Employer/MLC Initials:			
Piece-Rate Wage (If necessary, attach schedule.)				
per crop				
\$ per hour				
Note: Employer must complete both the piece-wage rate and guarantee hourly rate in this section.				
5. Bonuses (Check here if bonus details attached)				
Bonus Arrangement, if any: Yes No If Yes, specify under what conditions bonus will be given or include in bonus details attachment:				

Note: Bonuses may not be conditioned upon the worker continuing to work "until the end of the harvest." A bonus may be conditioned on a

worker continuing to work up to 7 days beyond the approximate ending date in the work agreement.

6. Pay Period					
Weekly Bi-weekly	Paid on:				
Weekly Britteekly	Sun	Mon	Tue	Wed	
	Thu	Fri	Sat		
7. Approximate Hours of Employment (Work Hours)	1				
Per day: Per week: (e.g., 8-12 hours per day and 32-50 hours per week)					
Straight Time Overtime, after number of hours	umber of hours Work Days – Check all that apply:				
	Sun	Mon	Tue	Wed	
	Thu	Fri	Sat		
8. Term of Employment	•				
Approximate Beginning Date	Ending Dat	е			
Actual Report to Work Date:					
Note: The approximate beginning and end dates must comply with the report to work date is different from the approximate beginning date, the agreement.					
9. Housing					
Housing Provided by Employer/MLC? Yes No					
Family Housing	Non Fa	Non Family (Single) Housing			
Number of persons in the family provided housing:	Type of Housing:				
Number of children under 18:	House/Duplex Barracks/Dorm				
Maximum number of persons allowed to occupy assigned		Mobile			
housing unit:	Apartment (in an Apt Building)				
Type of Housing:		Hotel/Motel Other			
House/Duplex					
Mobile		g Facilities:			
Apartment (in an Apt Building)	No kitchen Central Mess				
Hotel/Motel				/refrigerator/sink	
Other		r/Restroom:			
Cooking Facilities:		Single Occu	nant		
No kitchen		Multi-Occupant			
Central Mess		·		4 annly ()	
Kitchen with stove/oven/refrigerator/sink		y Facilities (d In housing u		тарріу).	
Laundry Facilities:		_		of housing unit	
In Family Housing unit		Washer		g	
Shared facilities outside of housing unit		Dryer			
Washer	Maximi	ım number o	f nersons al	llowed to occupy assigned	
Dryer		g area:	-	ionou to cooupy accignou	
Cost The maximum amount employers can deduct from a worker's p 104.035	aycheck for h	nousing is \$5	8.00 per we	ek. See Wis. Stat. s.	
Cost for housing (including any amenities): \$					
How is cost calculated? (e.g. per person, per day, per contract term, etc.)					
If the housing costs will be deducted from pay, explain the rate of payroll deduction:					
Is a security deposit required? Yes No					

If Yes, how much? \$__

10. Meals List the meals provided: Are meals provided by Employer/MLC? Yes No Meals will be provided throughout the period of the contract term, unless otherwise specified. List any circumstances under which the meals listed above will not be provided: Describe how meal cost is calculated (e.g., per meal, per day, per contract term): per Cost \$___ ____per___ Cost \$____ ____per____ Cost \$ per If the meal costs will be deducted from pay, explain the rate of payroll deduction. 11. Transportation Transportation from worker's permanent residence to place of Transportation from worker's temporary residence (migrant employment or housing. labor camp or other location) to worksite. Transportation is arranged by employer: Transportation is arranged by the employer: Nο Yes If Yes: If Yes: Transportation is funded by the employer, then deducted Transportation is funded by the employer, then deducted from the worker's paycheck. from the worker's paycheck. Transportation is paid by the employer in full. Transportation is paid by the employer in full. Other: _ Other: Mode of transportation: Mode of transportation: Bus Bus Van Van Car/Truck Car/Truck Airplane Airplane Worker's own transportation Worker's own transportation Cost to worker: \$ Cost to worker: \$ Additional information: Additional information: Is cost deducted from payroll? Is cost deducted from payroll? Yes Yes No No If Yes, explain the rate of payroll deduction: If Yes, explain the rate of payroll deduction: Describe how cost is calculated (e.g. per ride, per mile, etc.) Describe how cost is calculated (e.g. per ride, per mile, etc.) Worker arranges their own transportation and employer Worker arranges their own transportation and employer reimburses some or all of the cost. reimburses some or all of the cost. Explain the rate of reimbursement Explain the rate of reimbursement How and when will the worker be reimbursed? How and when will the worker be reimbursed? 12. Other Authorized Deductions (Check here if charge/deduction details attached)

Are there any other charges or deductions from wages beyond those required by law? Yes No

Housing (details in section 9)

Meals (details in section 10)

Transportation (details in section 11)

Other, please describe:

Deductions for defective or faulty workmanship, lost or stolen property or damage to property cannot be pre-authorized. The employee must authorize these types of deductions in writing after the damage has occurred. See Wis. Stat. s. 103.455.

13. Worker's Family Information (if applicable)

Are family members employed by the same Employer/MLC? Yes No

If Yes, list names of all working family employed:

Are there family members over the age of 6? Yes No

Note: Housing used for a family with one or more children over 6 years of age shall have a room or partitioned sleeping area for the spouses. The partition shall be of rigid materials and installed so as to provide reasonable privacy.

14. Labor Disputes

Have there been wage complaints filed against the Employer/MLC with the U.S. Department of Labor–Wage & Hour Division or the DWD–Equal Rights Division within the last 2 years? Yes No If Yes, explain:

15. Work Guarantee

The minimum work guarantee under s. 103.915 (4) (b), Stats., shall cover the period from the date the worker is notified by the employer to report for work, which date shall be reasonably related to the Approximate Beginning Date specified in Section 8 of this work agreement or the date the worker reports for work, whichever is later. The minimum guarantee continues until the date of the final termination of employment as specified as the "ending date" in Section 8 of this work agreement. or earlier if the worker is terminated for cause or due to seriously adverse circumstances beyond the Employer/MLC's control.

If a worker is notified by the Employer/MLC to report for work or is employed prior to the Approximate Beginning Date, the period of employment and the guarantee of minimum work shall begin on the date the worker is notified to report for work or the date the worker reports for work, whichever is later, and shall continue until the final termination of employment, as specified above, signed at the time of recruitment, or earlier if the worker is terminated for cause or due to seriously adverse circumstances beyond the Employer/MLC's control.

If the beginning or ending period of employment does not coincide with the employer's pay period, the employer may reduce the guarantee for such beginning or ending period to an amount that is equal to the number of days in the beginning or ending period of employment multiplied by one-sixth of the guarantee if the employer's guarantee is on a weekly basis or multiplied by one-twelfth of the guarantee if the employer's guarantee is on a biweekly basis. If a worker is not available for work, the employer may reduce the minimum guarantee by an amount equal to the wages the worker would have earned if the worker had been available for work.

A date can be considered "reasonably related to the Approximate Beginning Date" if the number of days between the date the worker is notified by the employer to report for work and the approximate beginning date specified in this work agreement is no greater than 15% of the length of time between the approximate beginning date specified in the work agreement and the end date in this agreement or 10 days, whichever is shorter.

Work Guarantee:

Agricultural 45 hours/2 weeks

Non-Agricultural 20 hours/week or 64	hours/2 weeks			
I understand that if I am not available for to the wages I would have earned had I be		minimum guarantee by an amount equal		
I hereby understand and accept the cond the work agreement.	ditions and terms of employment as descri	ibed herein and I have received a copy of		
Worker Name (print):				
Worker Signature:		Date Signed:		
For Employer/MLC				
At the time of recruitment, I provided a written recruiting disclosure statement as required by Wis. Stat. § 103.915(1)(a) that contained the information required in this agreement.				
, , ,	describes the terms and conditions of em an those provided local workers for similar	ployment and those terms and conditions work.		
Employer/MLC Name (print):				
Employer/MLC Signature:		Date Signed:		

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Employment and Training at 888-258-9966 and press 6 to request information in an alternate format, including translated to another language.