OMB Approval: 1205-0466
Expiration Date: XX/XX/XXXX

Application for Temporary Employment Certification
ETA Form 9142 – APPENDIX A.1
U.S. Department of Labor

For Use in Filing Applications Under the H-2A Agricultural Program ONLY

A. Rate of Pay Information for Multiple Crop or Agricultural Activities

Important Note: The rate of pay for each crop or agricultural activity **MUST** begin in the spaces below. If necessary, add attachment to continue and complete the rate of pay for all crop activities covered by the application.

Agricultural Crop Activity	Hourly Wage	Piece Rate Wage	Piece Rate Unit(s)	Special Pay *(bonus, etc.)*
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
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	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		
	$ ____ . ___	$ ____ . ___		

OMB Paperwork Reduction Act

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101 (a)(15)(H)(ii)). Public reporting burden for this collection of information is estimated to average 2 hours 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 to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW * Washington, DC * 20210. **Do NOT send the completed application to this address.**

Case Number:_____ Case Status: _____ Period of Employment: _____ to _____