

Agricultural and Food Processing  
Clearance Memorandum

**U.S. Department of Labor**  
Employment and Training Administration

OMB Approval No. 1205-0134  
Expires: 07/31/99

1. To: (Name and Address)	3. Job Order Number:	4. Date of Issue:
	5. Employer:	
2. From: (Name and Address of Local Office)	6. Distribution:	

7. Please note the following concerning the above job order:

8. Employer's Certification:  This clearance memorandum accurately describes the changes in employment conditions offered by me on the above Job Order.

Typed Name of Employer:	Signature: (Title if other than employer named.)	Date Signed:
9. By: (Typed Name of ES Agency Representative)	Title:	Telephone Number:
Signature:		Date Signed:

10. Applicant Holding Office: ("X" one)

Accepted (If accepted, list local offices extended to.)       Rejected (If rejected, provide reasons.)

Comments:

11. By: (Typed Name of ES Agency Representative)	Telephone Number:	Date Signed:
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**Public Burden Statement**

Public reporting burden for the ETA Form 795 is estimated to be approximately 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. Respondents' obligation to reply to these requirements is mandatory by 20 CFR 653.500 and 44 U.S.C. 3501. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Migrant and Seasonal Farmworker Program, Room S4209, 200 Constitution Avenue, NW, Washington, DC 20210.