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Section 2 - PAID WORKERS

January 2008						
Su	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1. Did this operation have anyone on the payroll to do agricultural work the week of January 6th through the 12th? [Include part-time workers, paid family members and hired managers.]

YES - [Enter Code 1 and continue.] NO - [Enter Code 3 then go to **page 4, item 1.**]

CODE

400

2. For the paid workers, record the number of workers, hours worked, and the gross wages paid the week of January 6th through the 12th. Please separate the workers by the main type of work they were hired to do based on the following groups:

Code	Work Hired to Do	
1	FIELD WORKERS Jack-of-all-trades and machinery operators on crop farms, fruit or vegetable pickers, greenhouse or nursery workers, hay balers and haulers, etc.	
2	LIVESTOCK WORKERS Jack-of-all-trades and machinery operators on livestock or poultry operations, workers hired to fix fences, tend animals, milk cows, gather eggs, etc.	
3	SUPERVISOR/MANAGER Hired managers, range foremen, crew leaders, etc. Exclude individuals not directly involved in day-to-day decisions on the farm.	
4	OTHER WORKERS Office workers, bookkeepers, pilots, pesticide applicators, etc.	

Work Hired to Do	Worker Code (shown above)	Number of Paid Workers	Total Hours Worked	Total Gross Wages That Week (Dollars)
	411	412	413	414
	421	422	423	424
	431	432	433	434
	441	442	443	444
	451	452	453	454

3. **TOTAL PAID WORKERS**

360

4. In 2008, how many of these **TOTAL PAID WORKERS**, will be paid by this operation----

NUMBER OF WORKERS

a. For 150 days or more of work?.....	500
b. For 149 days or less of work?.....	501
Sum MUST equal TOTAL PAID WORKERS , item 3 above.	TOTAL

CONCLUSION

[OFFICE USE ONLY: If this Ag Service is from an operator questionnaire, continue; else **go to item 2**].

1. Did you (the operator named on the label) SUBCONTRACT any of the work performed for [name on farm operator questionnaire] with another agricultural service?

YES – What is the name of the other agricultural service(s)?

Firm # 1 _____
(Contact State Office)

Firm # 2 _____
(Contact State Office)

NO

2. Would you like to receive a free copy of the results of this survey in the mail?
(The survey results will also be available on the Internet at
<http://www.nass.usda.gov> on February 15, 2008 after 3 pm ET.)

YES – [Enter Code 1]

NO – [Enter Code 3]

CODE

099

Thank You for your response

Respondent: _____ Date: _____

Phone: (_____) _____ - _____

Response		Respondent		Mode		Enum.	Eval.
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100
2-R		2-Sp		2-Tel			
3-Inac		3-Acct/Bkpr		3-Face-to-Face			
4-Office Hold		4-Partner		4-CATI			
8-Known Zero		9-Oth		5-Web			
				6-e-mail			
				7-Fax			
				8-CAPI			
				19-Other			

S/E Name

Office Use for POID
789

9910	MM	DD	YY
Date:	_____	_____	_____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time to complete this information collection is estimated to average 15 minutes per response.