

Wage Survey Interview Record  
ETA Form 232A  
U.S. Department of Labor  
Employment and Training Administration



Name of the Wage Reporting Area: \_\_\_\_\_ State: \_\_\_\_\_

Crop/Agricultural Commodity: \_\_\_\_\_

Occupation/Activity: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Active Acreage of Total Production: \_\_\_\_\_ Method of Contact: \_\_\_\_\_

Was information collected with the cooperation of another organization? Yes  No

If "Yes", provide the name of the organization: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date of the Survey: \_\_\_\_\_

**1. Number of U.S. Workers Employed in Crop Activity/Occupation by Rate**

a) Provide all wage rates, applicable unit of payment (e.g. per hour) and the number of U.S. workers receiving each wage as reported by the surveyed employer.

<b>Wage Rate(s) (\$)</b>	<b>Unit (e.g., per hour)</b>	<b>Number of U.S. Workers</b>
A	B	C
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

b) Was information collected from employer payroll records? Yes  No

**2. Productivity and Average Earnings of Piece Rate Workers**

a) Complete the table below only if the employer reported productivity standards and payments to U.S. workers based on piece rates.

Rate Amount per Unit		Number of U.S. Workers	Number of Hours Worked	Total Units of Production	Average Hourly Earnings		
Rate(s)	Unit(s)	A	B	C	D	E	F
\$							\$
\$							\$
\$							\$
\$							\$

b) Was information collected from employer payroll records? Yes  No

**3. Comments**

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Describe variables affecting rates, crop conditions or other explanatory and pertinent information:

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**4. State Workforce Agency Point of Contact**

Provide a State Workforce Agency point of contact for the information provided on this form.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**OMB Public Burden Statement** – Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligations to reply to these reporting requirements are voluntary (20 CFR 653.000 and 20 CFR 655). Public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Foreign Labor Certification, Box 12-200, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (OMB Control Number 1205-0017).

**WAGE SURVEY INTERVIEW RECORD**  
**GENERAL INSTRUCTIONS**

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This form shall be completed during the actual prevailing wage survey contacts for transfer to the ETA 232 form. It should be maintained in a confidential manner since it identifies specific employers and contain information which is confidential in nature. All items on the form are to be completed with no change in the format. If the space provided on the form for any item is not adequate, complete information should be provided on a separate attached sheet, with the item(s) numbered to correspond to those on the form.

**Name of the Wage Reporting Area** - Enter the name of the wage reporting area and State.

**State** - Enter the name of the State.

**Crop/Agricultural Commodity** - Enter all crops or agricultural commodities involved in the survey, i.e., apples, honey, sheep, etc.

**Occupation/Activity** - Enter surveyed occupation or activity associated with the crop or commodity identified above, i.e., harvester, herder, shearer, etc.

**Name of Employer** - Enter full name of the surveyed employer.

**Active Acreage of Total Production** - Enter the approximate number of acres of estimated production, etc., (as appropriate as an indication of the size, or relative significance of the employers operation to the crop activity.

**Method of Contact** - Indicate the method of contact, i.e., personal visit, telephone contact, etc.

**Was information collected with the cooperation of another organization?** Mark "Yes" if SWA used another third party organization to collect information.

If marked "Yes", record the name of the organization in the space provided.

**Name of Interviewer** - Enter the name of the person who conducted the interview.

**Date of Survey** - Enter the date the survey was completed.

**Part 1**

**Number of U.S. Workers in Crop Activity by Rate**

a) Column A. Enter the wage rate.

Column B. Enter on the appropriate lines in Column B the method of payment made to the number of U.S. workers reported by employers to whom each rate in Column A is applicable.

Column C. Enter on the appropriate lines in Column C the total number of U.S. workers reported by employers to which each rate in Column B is applicable.

a) Mark "Yes", if SWA reviewed employer payroll records to enter information in Columns A, B and/or C. Otherwise, mark "No".

**Part 2**

**Productivity and Average Hourly Earnings of Piece Rate Workers.**

Note: Columns A, B, C and D may, in some instances, be obtained from payroll records or field tally sheets. Do not include information pertaining to youth under 16 years of age.

a)

Column A. Enter all wage rates being paid to piece rate workers during the survey period.

Column B. Enter the unit of payment made to the number of U.S. workers reported by employers to whom each rate in Column A is applicable.

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Column C. Enter the number of U.S. workers reported by employers to whom each rate in Column A is applicable.

Column D. Enter the total number of hours worked by the workers in Column C.

Column E. Enter the total number of units (specified in Column B) produced by the workers in Column C during the total hours worked (Column D).

Column F. Enter average hourly earnings based on production.

b) Mark "Yes", if SWA reviewed employer payroll records to enter information in Columns A, B and/or C. Otherwise, mark "No".

### Part 3

#### Comments

Enter variables affecting rates, crop conditions, or other explanatory and pertinent information. Describe variables affecting rates. If a variation in wage rates is reported in Section 1, explain the factors responsible for the variation, such as differences in yield and field conditions. Also discuss variations in the methods or units of payment. Unexplained statements are of no value.

List the rate found prevailing in the previous season. If a standard schedule of rates applied, attach a copy of the schedule or cross reference to the schedule if previously submitted.

Other. Use for any pertinent explanation of developments during the survey or reporting period which require clarification, e.g.:

- Why no wage finding is made.
- Increase or decrease in prevailing rate from comparable period of previous year.
- Factors which will aid the National Office in its interpretation of data.
- Deviations from standard operating procedures or instructions.
- Use of weighting procedure to arrive at a prevailing wage finding.
- Description of perquisite arrangements included in work agreements. Perquisites are not counted as part of wages and should not be included in Item 4 of Form ETA – 232.

### Part 4

#### State Workforce Agency Point of Contact

**Name** - Enter the name of the State Workforce Agency point of contact.

**Title** - Enter the title of the State Workforce Agency point of contact.

**Mailing Address** - Enter the street address of the State Workforce Agency point of contact.

**City** - Enter the name of the city of the State Workforce Agency point of contact.

**State** - Enter the name of the State.

**Telephone Number** - Enter the area code and telephone number of the State Workforce Agency point of contact.

**E-mail** - Enter the e-mail address of the State Workforce Agency point of contact in the format name@emailaddress.top-level domain.