



Domestic Agricultural In-Season Wage Report
 Form ETA-232
 U.S. Department of Labor

This form is for use of State Workforce Agencies to submit survey results for prevailing wage determinations. Please read and review the Form ETA-232 form instructions carefully before completing this form electronically. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov>. Those items marked with an asterisk () are required and must be completed. Items marked with the section symbol (§) are conditional and are to be completed if the condition is met.*

A. State Workforce Agency Prevailing Wage Survey Point of Contact

1. Name *	2. Title *	3. State *
4. Telephone number *	5. E-mail address *	

B. Survey Information and Results

1. Is the ETA-232 a resubmission? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. A copy of the wage survey is attached. *		<input type="checkbox"/> Yes
3. Identify the State agency, college, or university that conducted the survey. *		
3a. Surveyor name, if different from Item A.1. §	3b. Surveyor title. §	
3c. Surveyor telephone number. §	3d. Surveyor email address. §	
4. Identify the geographic area of the wage report. *		
5. Identify the crop activity or agricultural activity covered by the survey. *		
6. The survey result meets each regulatory criteria to produce a prevailing wage rate (See Section C). *		<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. Prevailing wage rate. § \$ _____	6b. Per (choose only one) § <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Piece Rate (unit): _____	
7. Comments (describe variables affecting rates, crop conditions, or other explanatory and pertinent information): §		

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C. Survey Data and Methodology

1. The survey was independently conducted by the State (e.g., any State agency, State college, or State university). *	<input type="checkbox"/> Yes
2. The survey covers a distinct work task or tasks performed in a single crop activity or agricultural activity. *	<input type="checkbox"/> Yes
2a. Identify the crop work task or tasks covered by the survey. *	
3. The survey covers an appropriate geographic area based on available resources to conduct the survey, the size of the agricultural population covered by the survey, and any different wage structures in the crop or agricultural activity within the State. *	<input type="checkbox"/> Yes
3a. Explain how the surveyor determined the scope of the geographic area to survey. *	
4. For the geographic area, the surveyor (mark only one): *	
<input type="checkbox"/> Attempted to contact all employers employing workers in the crop activity or agricultural activity <input type="checkbox"/> Conducted a randomized sample of such employers	
4a. Name of the source(s) used to identify the employers that employ U.S workers in the crop/agricultural activity and geographic area surveyed: *	4b. Estimated number of employers identified through the source(s) in item 4a: *
5. The survey reports the average wage of U.S. workers in the crop activity or agricultural activity and geographic area using the unit of pay used to compensate at least 50 percent of the U.S. workers whose wages were surveyed. *	<input type="checkbox"/> Yes
6. The survey includes wages of at least 30 U.S. workers. *	<input type="checkbox"/> Yes
7. The survey includes wages of U.S. workers employed by at least 5 employers. *	<input type="checkbox"/> Yes
8. The wages paid by a single employer represent no more than 25 percent of sampled wages. *	<input type="checkbox"/> Yes

OMB Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 3.30 hours 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, Box 12-200, 200 Constitution Ave., NW, Washington, DC 20210.