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| OMB Approval No.: 1205-0457 Expiration Date: 09/30/2022  Foreign Labor Certification Quarterly Activity Report Form ETA-9127  **U.S. Department of Labor** | | | | | | | | |  |
| **State Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Preparer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Fiscal Year:\_\_\_\_\_\_\_\_\_\_** | | | |
| Report for (check one): | (Q1 – Oct–Dec) | | (Q2 – Jan–Mar) | (Q3 – Apr–Jun) | | | (Q4 – Jul–Sep) | | |
| H-2B Workload | | | | | H-2B REGULAR | | | H-2B SPECIAL PROCEDURES | |
| 1. Total number of active job orders from previous report | | | | |  | | |  | |
| 1. Total number of new job orders received | | | | |  | | |  | |
| 1. Total number of job orders processed | | | | |  | | |  | |
| 1. Total number of SWA staff assisted intrastate referrals | | | | |  | | |  | |
| 1. Total number of SWA staff assisted interstate referrals | | | | |  | | |  | |
| 1. Total number of interstate job orders transmitted to other SWAs | | | | |  | | |  | |
| 1. Total number of interstate job orders received from other SWAs | | | | |  | | |  | |
| 1. Total number of active job orders remaining at the end of the quarter | | | | |  | | |  | |
| 1. Provide comments or other issues noted during quarter. | | | | | | | | | |
| H-2A Workload | | | | | H-2A REGULAR | | | H-2A SPECIAL PROCEDURES | |
| 1. Total number of active job orders from previous report | | | | |  | | |  | |
| 1. Total number of new job orders received | | | | |  | | |  | |
| 1. Total number of job orders processed | | | | |  | | |  | |
| 1. Total number of SWA staff assisted intrastate referrals | | | | |  | | |  | |
| 1. Total number of SWA staff assisted interstate referrals | | | | |  | | |  | |
| 1. Total number of interstate job orders transmitted to other SWAs | | | | |  | | |  | |
| 1. Total number of interstate job orders received from other SWAs | | | | |  | | |  | |
| 1. Total number of active job orders remaining at the end of the quarter | | | | |  | | |  | |
| 1. Total number of prevailing wage surveys completed | | | | |  | | |  | |
| 1. Total number of employment practice surveys completed | | | | |  | | |  | |
| 1. Total number of housing inspections completed by SWA staff | | | | |  | | |  | |
| 1. Total number of housing inspections completed by alternative method | | | | |  | | |  | |
| 1. Total number of sleeping units inspected | | | | |  | | |  | |
| 1. Total capacity of sleeping units inspected | | | | |  | | |  | |
| 1. Total number of housing self-certifications received from employers | | | | |  | | |  | |
| 1. Provide comments or other issues noted during quarter. | | | | | | | | | |

**For public burden statement information, please see, *Foreign Labor Certification Quarterly Activity Report,***

***Instructions for Completing the Form ETA-9127*.**