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| OMB Approval No.: 1205-0457 Expiration Date: 09/30/2022Foreign 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.
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**For public burden statement information, please see, *Foreign Labor Certification Quarterly Activity Report,***

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