

Wage Survey Interview Record
 Form ETA-232A
 U.S. Department of Labor



Name of the Wage Reporting Area: Maine, excluding Aroostook State: Maine

Crop/Agricultural Commodity: Turf Farm

Occupation/Activity: Turf farming

Name of Employer: _____

Employer Address: _____

Active Acreage of Total Production: _____

Name of Person Interviewed: n/a Position: n/a

Method of Contact: By mail Date of the Survey: Payroll Week including 7/20/2018

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

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.

Wage Rate(s) (\$)	Unit (e.g., per hour)	Number of U.S. Workers
A	B	C
\$		(Please indicate whether an Operator or a Mechanic)
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

2. Productivity and Average Earnings of Piece Rate Workers

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
\$					\$
\$					\$
\$					\$
\$					\$
\$					\$

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3. Comments

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

4. State Workforce Agency Point of Contact

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

Name: Nicolas Stringos **Title:** Statistician I
Mailing Address: Maine Dept. of Labor-CWRI 118 State House Station
City: Augusta **State:** Maine **Zip Code:** 04333-0118
Telephone Number: (207)621-5190 – Fax (207)287-2947 **E-mail:** Nicolas.Stringos@Maine.gov

5. Employer Contact

Name: _____

Date: _____

Telephone: _____

E-mail: _____

Fax: _____

Website: _____

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).

