

WASHINGTON

Spokane County
Davenport Hotel (Boundary Decrease), 807
W. Sprague Ave., Spokane, 04000447

WISCONSIN

Brown County
Smith, J.B., House and Granary, 5121
Gravel Pit Rd., Green Bay, 04000446

[FR Doc. 04-8968 Filed 4-20-04; 8:45 am]

BILLING CODE 4312-51-P

DEPARTMENT OF LABOR**Employment and Training
Administration****Proposed Information Collection;
Comments: Agricultural and Food
Processing Clearance Order, ETA
Form 790 and the Agricultural and
Food Processing Clearance
Memorandum, ETA Form 795**

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed.

DATES: Submit comments on or before June 21, 2004.

ADDRESSES: Send comments to: Anthony Dais, U.S. Department of Labor/Employment and Training Administration, Office of Workforce Investment, Room S-4231, 200 Constitution Avenue, NW., Washington, DC 20210, telephone: 202-693-2784 (this is not a toll-free number) fax: 202-693-3015 and Internet address: dais.anthony@dol.gov.

FOR FURTHER INFORMATION CONTACT: Erik Lang, U.S. Department of Labor/Employment and Training Administration, Office of Workforce Investment, Room S-4231, 200 Constitution Avenue, NW., Washington, DC 20210, telephone: 202-693-2916 (this is not a toll-free number) and Internet address: lang.erik@dol.gov.

SUPPLEMENTARY INFORMATION:**I. Background**

ETA regulations at 20 CFR 653.500 established procedures for the recruitment of agricultural workers. In situations where an adequate supply of workers does not exist in the local recruiting area, out-of-area recruitment can be attempted. In order to initiate out-of-area recruitment for temporary agricultural work, agricultural employers must use the Agricultural and Food Processing Clearance Order, ETA Form 790, if they wish to list the job opening with the State Workforce Agencies (SWAs). The Agricultural and Food Processing Clearance Memorandum, ETA Form 795 is used by SWAs to extend job orders beyond their jurisdictions, give notice of action on a clearance order, request additional information, amend the order, report results, and accept or reject the extended job order.

II. Desired Focus of Comments

Currently, ETA is soliciting comments concerning the proposed two-year extension and change of the Agricultural and Food Processing Clearance Order, ETA Form 790, and the Agricultural and Food Processing Clearance Memorandum, ETA Form 795, from the current end date of June 30, 2004, to a new end date of June 30, 2006. Changes are proposed for both forms, particularly the Agricultural Food Processing Clearance Order, ETA Form 790. Both forms will be produced in a bilingual, English-Spanish format. The Agricultural Food Processing Clearance Order, ETA Form 790 will be lengthened slightly to include a number of items required by the Migrant and Seasonal Agricultural Worker Protection Act, 29 U.S.C. 1800 *et seq.* These items will provide workers with needed specifics surrounding a job prior to considering employment outside of their commuting area (*i.e.*, Workers Compensation Insurance information, the availability of Unemployment Compensation Insurance coverage, the existence of a work stoppage, *etc.*). These items are replicated from the Worker Information—Terms and Conditions of Employment, Wage & Hour Form 516. By adding these items to the Agricultural Food Processing Clearance Order, ETA Form 790, agricultural employers will satisfy their disclosure requirements without also having to fill out the Worker Information—Terms and Conditions of Employment, Wage & Hour Form 516. This will ensure that workers receive full disclosure of required terms and conditions of employment in an appropriate language prior to traveling

out of their commuting area. Comments are requested in order to achieve the following:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond by including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses.

A copy of the proposed information collection request can be obtained by contacting the office listed above in the addressee section of this notice.

III. Current Actions

This is a request for Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)) to extend the collection and change of the Agricultural and Food Processing Clearance Order, ETA Form 790, and the Agricultural and Food Processing Clearance Memorandum, ETA Form 795, from the current end of date of June 30, 2004, to the new end date of June 30, 2006.

Type of Review: Extension (with change).

Agency: Employment and Training Administration.

Title: Agricultural and Food Processing Clearance Order, ETA Form 790, and the Agricultural and Food Processing Clearance Memorandum, ETA Form 795.

OMB Number: 1205-0134.

1. Processing ETA Form 790

Annual number of forms: 4,600.

Minutes per form: 60.

Processing hours: 4,600.

2. Processing ETA Form 795

Annual number of forms: 1,000.

Minutes per form: 15.

Processing hours: 250.

Estimated Total Burden Hours: 4,850.

Frequency: On occasion.

Affected Public: Employers, and State Governments.

Number of Respondents: 3,000.

Estimated Total Burden Hours: 4,850.

Total Burden Cost (operating/maintaining): \$0.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of

Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: April 8, 2004.

Emily Stover DeRocco,
Assistant Secretary for Employment and Training.

BILLING CODE 4510-30-P

**Agricultural and Food Processing
Clearance Order**

U.S. Department of Labor
Employment and Training Administration



Read Carefully: In view of the statutorily established basic function of the employment service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the ETA nor the State agencies are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the ES constitute a contractual job offer to which the ETA or a State agency is in any way a party.

OMB Approval No. 1205-0134
Expires: 6/30/2004

1. Industry Code		2. Job Order Number		3. Occupational Title and Code																				
4. Employer's Name and Address (Number, Street, City, State, ZIP Code and Telephone Number)				5. Anticipated Period of Employment		6. Clearance Order Issue Date		7. Job Order Expiration Date																
				From:		To:																		
7. Preferred Crew Leader/Worker's Name and Address				Identifier		Leader's Functions		8. No. & Type of Workers Requested																
				Telephone Number		<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Supervises</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Transports</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pays</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Assumes OASI</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Yes	No	Supervises	<input type="checkbox"/>	<input type="checkbox"/>	Transports	<input type="checkbox"/>	<input type="checkbox"/>	Pays	<input type="checkbox"/>	<input type="checkbox"/>	Assumes OASI	<input type="checkbox"/>	<input type="checkbox"/>	Total Number _____	
	Yes	No																						
Supervises	<input type="checkbox"/>	<input type="checkbox"/>																						
Transports	<input type="checkbox"/>	<input type="checkbox"/>																						
Pays	<input type="checkbox"/>	<input type="checkbox"/>																						
Assumes OASI	<input type="checkbox"/>	<input type="checkbox"/>																						
9. Wage Rates, Special Pay Information and Deductions						10. Anticipated Hrs. of Work																		
Crop Activity		Flat Rate (i.e., hr. wk.)	Piece Rate	Unit	Est. Hourly Rate Equiv.	C /L Wage Rate		Per Week _____																
_____		_____	_____	_____	_____	_____		Normal Hours Per Day Sun _____ Mon _____ Thur _____ Tue _____ Fri _____ Wed _____ Sat _____																
_____		_____	_____	_____	_____	_____																		
_____		_____	_____	_____	_____	_____																		
(See attachment no. _____)																								
11. Job Specifications (If additional space is needed, please use separate sheet of paper or reverse of form)																								

(See attachment no. _____)

12. Location and Direction to Work Site				13. Board Arrangements							
(See attach. no. _____)				(See attachment no. _____)							
14. Location and Description of Housing				Number and Capacity of Housing Units							
				Barracks		Family Units		Single Rooms			
No.		Total Cap.		No.		Total Cap.		No.		Total Cap.	
Employer assures the availability of no cost or public housing which meets the full set of applicable standards. (See attach. no. _____)				Authorized Capacity _____							
15. Referral Instructions				16. Collect Calls Accepted				Yes		No	
(See attach. no. _____)				By Employer				<input type="checkbox"/>		<input type="checkbox"/>	
17. Transportation Arrangements				By Order Holding Office				<input type="checkbox"/>		<input type="checkbox"/>	
				(See attach. no. _____)							
9. Address of Order Holding Office (Include Telephone Number)				20. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job.							
				Signature _____							
Name of Agency Representative (Include Telephone Number)				Title _____							

Person are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 1 hour 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Employment Service, U.S. Department of Labor, Room 4-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).

Agricultural and Food Processing
Clearance MemorandumU.S. Department of Labor
Employment and Training AdministrationOMB Approval No. 1205-0134
Expires: 06/30/2004

1. To: (Name and Address)	3. JOB Order Number	4. Date of Issue
	5. Employer	
2. From: (Name and Address of Local Office)	6. Distribution	

7. Please note the following concerning the above job order:

1. Employer's Certification ▶ This clearance memorandum accurately describes the changes in employment conditions offered by me on the above Job Order.		
Typed Name of Employer	Signature (Title if other than Employer named)	Date Signed
BY: Typed Name of ES Agency Representative	Title	Date Signed
Signature		Telephone Number
0. Applicant Holding Office: ("X" one)		
<input type="checkbox"/> Accepted (If accepted, list local offices extend to). <input type="checkbox"/> Rejected (If rejected, provide reasons).		

Comments

1. BY: Typed Name of ES Agency Representative	Telephone Number	Date Signed
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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 30 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 of information. 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. Employment Service, U.S. Department of Labor, Room 4-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).

ETA 795 (January 1990)

I. Special Instructions

None

II. Preparation of Memorandum**A. Heading of Memorandum**

1. **Item 1, To.** Enter the name and address of the organization to which directed (Regional Office, State Administrative Office, Local Office, etc.)
2. **Item 2, From.** Enter the name and address of the preparing office.
3. **Item 3, Job Order Number.** Enter the Job Order Number from Item #2 of the ETA 790.
4. **Item 4, Date of Issue.** Enter date of issue from item #6 of the ETA 790.
5. **Item 5, Employer.** Enter the employers name from item #4 of the ETA 790.
6. **Item 6, Distribution.** In accordance with the distribution instructions on summary page of ETA 795 and the same distribution as the accompanying ETA 790 associated with each ETA 795 form.

B. Memorandum Items

1. **Item 7, Please note the following concerning the above job order.** Enter any changes in, or additions to, original clearance order.
2. **Item 8, Employer Certification.** Offices reporting changes in employment conditions must have the employer or an authorized representative sign the form which includes the following certification "This clearance memorandum accurately describes the changes in employment conditions offered by me on the above job order." Employer must sign the original and copies must be noted (Name of Signer).
3. **Item 9, By Typed Named of ES Agency Representative.** Self-explanatory.
4. **Item 10, Applicant-Holding Office.** Indicate either acceptance or rejection of the ETA 790. If accepted, indicate local offices to which extended. If rejected, provide reason for rejection.

[FR Doc. 04-8992 Filed 4-20-04; 8:45 am]

BILLING CODE 4510-30-C

DEPARTMENT OF LABOR**Employment and Training Administration****Proposed Information Collection Request Submitted for Public Comment and Recommendations; Attestations by Employers Using Alien Crewmembers for Longshore Activities in U.S. Ports****ACTION:** Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed.

DATES: Submit comments on or before June 21, 2004.

ADDRESSES: Send comments to William L. Carlson, Chief, Division of Foreign Labor Certification, U.S. Department of Labor, 200 Constitution Avenue, NW., Room C-4312, Washington, DC 20210, (202) 693-3010 (this is not a toll-free number).

FOR FURTHER INFORMATION CONTACT: William L. Carlson, Chief, Division of Foreign Labor Certification, U.S. Department of Labor, 200 Constitution Avenue, NW., Room C-4312, Washington, DC 20210, (202) 693-3010 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION:**I. Background**

The information collection is required by amendments to section 258 of the Immigration and Nationality Act (INA) (8 U.S.C. 1101 *et seq.*) The amendments created a prevailing practice exception to the general prohibition on the performance of longshore work by alien crewmembers in U.S. ports. Under the prevailing practice exception, before any employer may use alien crewmembers to perform longshore activities in U.S. ports, it must submit an attestation to the Employment and

Training Administration (ETA) containing the elements prescribed by the INA.

The INA further requires that the Department make available for public examination in Washington, DC, a list of employers that have filed attestations, and for each of these employers, a copy of the employer's attestation and accompanying documentation received by the Department.

II. Desired Focus of Comments

Currently, the Department is soliciting comments concerning the proposed extension of an existing collection of information pertaining to employers' seeking to use alien crewmembers to perform longshore activities in U.S. ports. The Department is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collections techniques or other forms of information, *e.g.*, permitting electronic submissions of responses.

A copy of the proposed information collection request (ICR) can be obtained by contacting the office listed above in the addressee section of this notice.

III. Current Actions

In order to meet its statutory responsibilities under the INA, the Department needs to extend an existing collection of information pertaining to employers seeking to use alien crewmembers to perform longshore activities in U.S. ports.

Because the prevailing practice exception remains in the statute, ETA is requesting a one-hour marker as a place holder for this collection of information. ETA has not received any attestations under the prevailing practice exception within the last three years. An information collection request will be submitted to increase the burden should activities recommence.

Type of Review: Extension.

Agency: Employment and Training Administration.

Title: Attestations by Employers Using Alien Crewmembers for Longshore Activities in U.S. Ports.

OMB Number: 1205-0309.

Affected Public: Businesses or other for-profit.

Form: Form ETA 9033.

Total Respondents: 1.

Frequency of Response: On occasion.

Total Responses: 1.

Average Burden Hours Per Response:

4.

Estimate Total Burden Hours: 4.

Total Burden Cost: 0.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the ICR; they will also become a matter of public record.

Dated: April 14, 2004.

Emily Stover DeRocco,

Assistant Secretary, Employment and Training Administration.

[FR Doc. 04-8993 Filed 4-20-04; 8:45 am]

BILLING CODE 4510-30-P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION**[Notice: 04-051]****Notice of Information Collection**

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of information collection.

SUMMARY: The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. 3506(c)(2)(A)).

DATES: All comments should be submitted within 60 calendar days from the date of this publication.

ADDRESSES: All comments should be addressed to Ms. Nancy Kaplan, Code VE, National Aeronautics and Space Administration, Washington, DC, 20546-0001.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Ms. Nancy Kaplan, NASA Reports Officer, NASA Headquarters, 300 E Street SW., Code VE, Washington, DC 20546, (202) 358-1372, nancy.kaplan@nasa.gov.