



H-2A Agricultural Clearance Order  
Form ETA-790A  
U.S. Department of Labor

**A. Job Offer Information**

|                                                                                                                                                                                                                                                                                                      |                |                                                                            |            |                               |                         |                                                                                                                                                                                                                                               |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------|------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Job Title * RANGE LAMBER                                                                                                                                                                                                                                                                          |                |                                                                            |            |                               |                         |                                                                                                                                                                                                                                               |             |
| 2. Workers Needed *                                                                                                                                                                                                                                                                                  |                | a. Total                                                                   | b. H-2A    | Period of Intended Employment |                         |                                                                                                                                                                                                                                               |             |
|                                                                                                                                                                                                                                                                                                      |                | 5                                                                          | 5          | 3. Begin Date * 12/1/2022     | 4. End Date * 3/31/2023 |                                                                                                                                                                                                                                               |             |
| 5. Will this job generally require the worker to be on-call 24 hours a day and 7 days a week? *<br>If "Yes", proceed to question 8. If "No", complete questions 6 and 7 below.                                                                                                                       |                |                                                                            |            |                               |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                           |             |
| 6. Anticipated days and hours of work per week *                                                                                                                                                                                                                                                     |                |                                                                            |            |                               |                         | 7. Hourly work schedule *                                                                                                                                                                                                                     |             |
|                                                                                                                                                                                                                                                                                                      | a. Total Hours |                                                                            | c. Monday  |                               | e. Wednesday            |                                                                                                                                                                                                                                               | g. Friday   |
|                                                                                                                                                                                                                                                                                                      | b. Sunday      |                                                                            | d. Tuesday |                               | f. Thursday             |                                                                                                                                                                                                                                               | h. Saturday |
|                                                                                                                                                                                                                                                                                                      |                |                                                                            |            |                               |                         | a. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM                                                                                                                                                                        |             |
|                                                                                                                                                                                                                                                                                                      |                |                                                                            |            |                               |                         | b. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM                                                                                                                                                                        |             |
| <b>Temporary Agricultural Services and Wage Offer Information</b>                                                                                                                                                                                                                                    |                |                                                                            |            |                               |                         |                                                                                                                                                                                                                                               |             |
| 8a. Job Duties - Description of the specific services or labor to be performed. *<br>(Please begin response on this form and use Addendum C if additional space is needed.)<br>See Addendum C                                                                                                        |                |                                                                            |            |                               |                         |                                                                                                                                                                                                                                               |             |
| 8b. Wage Offer *                                                                                                                                                                                                                                                                                     |                | 8c. Per *                                                                  |            | 8d. Piece Rate Offer \$       |                         | 8e. Piece Rate Units/Special Pay Information \$                                                                                                                                                                                               |             |
| \$ 2488.97                                                                                                                                                                                                                                                                                           |                | <input type="checkbox"/> HOUR<br><input checked="" type="checkbox"/> MONTH |            | \$ 00.00                      |                         | Employer shall provide housing and board in accordance with the rules and regulations of the federal government of the United States of America. Discretionary performance-based bonuses may be available. Payroll advances may be available. |             |
| 9. Is a completed <b>Addendum A</b> providing additional information on the crops or agricultural activities and wage offers attached to this job offer? *                                                                                                                                           |                |                                                                            |            |                               |                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                           |             |
| 10. Frequency of Pay. * <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other (specify): SEMI-MONTHLY                                                                                                         |                |                                                                            |            |                               |                         |                                                                                                                                                                                                                                               |             |
| 11. State all deduction(s) from pay and, if known, the amount(s). *<br>(Please begin response on this form and use Addendum C if additional space is needed.)<br>Social Security, Federal and State Income Tax withholding's may be deducted from wages.<br><br>California Payroll Tax ID 411-7921-9 |                |                                                                            |            |                               |                         |                                                                                                                                                                                                                                               |             |



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**B. Minimum Job Qualifications/Requirements**

|                                                                                                                                                                                                                                                             |                                                                     |                                                                                      |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|---|
| 1. Education: minimum U.S. diploma/degree required. *                                                                                                                                                                                                       |                                                                     |                                                                                      |   |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's or Higher <input type="checkbox"/> Other degree (JD, MD, etc.) |                                                                     |                                                                                      |   |
| 2. Work Experience: number of <u>months</u> required. *                                                                                                                                                                                                     | 3                                                                   | 3. Training: number of <u>months</u> required. *                                     | 0 |
| 4. Basic Job Requirements (check all that apply) *                                                                                                                                                                                                          |                                                                     |                                                                                      |   |
| <input type="checkbox"/> a. Certification/license requirements                                                                                                                                                                                              |                                                                     | <input checked="" type="checkbox"/> g. Exposure to extreme temperatures              |   |
| <input type="checkbox"/> b. Driver requirements                                                                                                                                                                                                             |                                                                     | <input type="checkbox"/> h. Extensive pushing or pulling                             |   |
| <input type="checkbox"/> c. Criminal background check                                                                                                                                                                                                       |                                                                     | <input type="checkbox"/> i. Extensive sitting or walking                             |   |
| <input checked="" type="checkbox"/> d. Drug screen                                                                                                                                                                                                          |                                                                     | <input type="checkbox"/> j. Frequent stooping or bending over                        |   |
| <input checked="" type="checkbox"/> e. Lifting requirement <u>50</u> lbs.                                                                                                                                                                                   |                                                                     | <input type="checkbox"/> k. Repetitive movements                                     |   |
| 5a. Supervision: does this position supervise the work of other employees? *                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5b. If "Yes" to question 5a, enter the number of employees worker will supervise. \$ |   |
| 6. Additional Information Regarding Job Qualifications/Requirements.<br>(Please begin response on this form and use Addendum C if additional space is needed. If no additional skills or requirements, enter " <b>NONE</b> " below) *                       |                                                                     |                                                                                      |   |
| NONE                                                                                                                                                                                                                                                        |                                                                     |                                                                                      |   |

**C. Place of Employment Information**

|                                                                                                                                                                                                                                                                  |            |                  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|---------------------------------------------------------------------|
| 1. Address/Location *                                                                                                                                                                                                                                            |            |                  |                                                                     |
| 5818 SIEVERS RD                                                                                                                                                                                                                                                  |            |                  |                                                                     |
| 2. City *                                                                                                                                                                                                                                                        | 3. State * | 4. Postal Code * | 5. County *                                                         |
| DIXON                                                                                                                                                                                                                                                            | California | 95620            | Solano                                                              |
| 6. Additional Place of Employment Information (If no additional information, enter " <b>NONE</b> " below) *                                                                                                                                                      |            |                  |                                                                     |
| Multiple worksites in Solano County, California will be used. Worksite locations varies depending on season, weather and grazing rotation. Please contact the employer at the headquarters address listed above for specific directions to the current worksite. |            |                  |                                                                     |
| 7. Is a completed <b>Addendum B</b> providing additional information on the places of employment and/or agricultural businesses who will employ workers, or to whom the employer will be providing workers, attached to this job order? *                        |            |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**D. Housing Information**

|                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                 |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Housing Address/Location *                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                 |                                                                     |
| 5818 SIEVERS RD                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                 |                                                                     |
| 2. City *                                                                                                                                                                                                                                                                                                                          | 3. State * | 4. Postal Code *                                                                                                                | 5. County *                                                         |
| DIXON                                                                                                                                                                                                                                                                                                                              | California | 95620                                                                                                                           | Solano                                                              |
| 6. Type of Housing *                                                                                                                                                                                                                                                                                                               |            | 7. Total Units *                                                                                                                | 8. Total Occupancy *                                                |
| MOBILE RANGE UNITS                                                                                                                                                                                                                                                                                                                 |            | 9                                                                                                                               | 10                                                                  |
| 9. Housing complies or will comply with the following applicable standards: *                                                                                                                                                                                                                                                      |            | <input checked="" type="checkbox"/> Local <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal |                                                                     |
| 10. Additional Housing Information. (If no additional information, enter " <b>NONE</b> " below) *                                                                                                                                                                                                                                  |            |                                                                                                                                 |                                                                     |
| Mobile units will travel with the workers to various range locations through Solano County California.<br><br>Eight mobile range units with the capacity of one (1) worker. One mobile unit with capacity of two. Total housing is ten (10). The housing is available and sufficient to accommodate the worker's being requested.. |            |                                                                                                                                 |                                                                     |
| 11. Is a completed <b>Addendum B</b> providing additional information on housing that will be provided to workers attached to this job order? *                                                                                                                                                                                    |            |                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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**E. Provision of Meals**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <p>1. Describe <u>how</u> the employer will provide each worker with 3 meals a day or furnish free and convenient cooking and kitchen facilities. * (Please begin response on this form and use Addendum C if additional space is needed.)</p> <p>Housing contains free and convenient cooking facilities and employer will provide three prepared meals a day or adequate food, free of charge, based on the requisition by worker, for workers to prepare their own meals while in camp or on the range. Employer may at times provide prepared meals for workers consumption. Employer will provide worker a minimum of 4.5 gallons of potable water per day per worker for drinking and cooking purposes. Additional clean water will be provided to meet the workers laundry and bathing needs.</p> |                                                                                                                            |
| 2. If meals are provided, the employer: *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> <b>WILL NOT</b> charge workers for such meals.                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>WILL</b> charge workers for such meals at \$ <u>      </u> . <u>      </u> per day per worker. |

**F. Transportation and Daily Subsistence**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------|
| <p>1. Describe the terms and arrangement for daily transportation the employer will provide to workers. *</p> <p>(Please begin response on this form and use Addendum C if additional space is needed.)</p> <p>Workers are on the range 50% or more of the time, therefore daily transportation is not needed. For the period of time the worker is off the range, transportation is provided by the employer.</p>                                                                                                                                                                                                                                                                             |                 |                                                |
| <p>2. Describe the terms and arrangements for providing workers with transportation (a) to the place of employment (i.e., inbound) and (b) from the place of employment (i.e., outbound). *</p> <p>(Please begin response on this form and use Addendum C if additional space is needed.)</p> <p>Transportation from point of recruitment to worksite and from the worksite back to the point of recruitment will be arranged and provided by Employer. Employer will reimburse worker for subsistence costs during travel to worksite no later than the end of the first pay period and from the worksite at the end of the job based on rates established in the applicable regulations.</p> |                 |                                                |
| 3. During the travel described in Item 2, the employer will pay for or reimburse daily meals by providing each worker *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a. no less than | \$ <u>14</u> . <u>00</u> per day *             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b. no more than | \$ <u>59</u> . <u>00</u> per day with receipts |



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**G. Referral and Hiring Instructions**

1. Explain how prospective applicants may be considered for employment under this job order, including verifiable contact information for the employer, or the employer's authorized hiring representative, methods of contact, and the days and hours applicants will be considered for the job opportunity. \*

*(Please begin response on this form and use Addendum C if additional space is needed.)*

Open Job Order, please contact Local State Employment office. The employment office will refer each applicant to Western Range Association. Western Range Association will conduct a full telephone interview with the applicant. The office hours for Western Range Association are Monday - Friday from 8:00 a.m. to 4:30 p.m., Mountain Standard time 208-595-2226 ext. 115. All employers must continue to be open to any qualified U.S worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship. No strike requirements - The worksite does not currently have workers on strike or being locked out in the course of a labor dispute.

Western Range Association and its rancher members adopt the public policy considerations of the California Drug Free Workplace Act (CA Gov. Code 8355) as well as its federal counterpart. Western Range maintains a strong commitment to providing a safe, efficient, and productive work environment. H-2A employee involvement with alcohol and drugs could be extremely dangerous to the employee himself, to all other employees, the general public and third parties, and it is disruptive to the workplace. H-2A herders provide the primary care for hundreds of animals and are presumed to be in safety and security sensitive positions. While Western Range recognizes that it is neither a California government employer nor a California government contractor, it nonetheless adopts certain policies and procedures applicable to government workers as set forth herein. Any person who is on duty or on standby who is found to use, possess, or be under the influence of illegal or unauthorized drugs or other illegal mind-altering substances or who uses or is under the influence of alcohol to any extent that would impede his ability to perform his or her duties safely and effectively will be terminated. Manufacture, distribution or possession of an illegal drug, or misuse of a prescription drug is also cause for termination. Applicants who are to be employed in the sensitive positions stated above, may be subject to pre-employment and reasonable cause drug and alcohol testing (substance testing) at the employer's expense.

|                                     |                             |
|-------------------------------------|-----------------------------|
| 2. Telephone Number to Apply *      | 3. Email Address to Apply * |
| +1 (208) 595-2226                   | applicants@westernrange.net |
| 4. Website address (URL) to Apply * |                             |
| N/A                                 |                             |

**H. Additional Material Terms and Conditions of the Job Offer**

|                                                                                                                                                                                                                         |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. Is a completed <b>Addendum C</b> providing additional information about the material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer attached to this job order? * | <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



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**I. Conditions of Employment and Assurances for H-2A Agricultural Clearance Orders**

By virtue of my signature below, I **HEREBY CERTIFY** my knowledge of and compliance with applicable Federal, State, and local employment-related laws and regulations, including employment-related health and safety laws, and certify the following conditions of employment:

1. **JOB OPPORTUNITY:** Employer assures that the job opportunity identified in this clearance order (hereinafter also referred to as the "job order") is a full-time temporary position being placed with the SWA in connection with an H-2A *Application for Temporary Employment Certification* for H-2A workers and this clearance order satisfies the requirements for agricultural clearance orders in 20 CFR 653, subpart F and the requirements set forth in 20 CFR 655.122. This job opportunity offers U.S. workers no less than the same benefits, wages, and working conditions that the employer is offering, intends to offer, or will provide to H-2A workers and complies with the requirements at 20 CFR 655, Subpart B. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship.
2. **NO STRIKE, LOCKOUT, OR WORK STOPPAGE:** Employer assures that this job opportunity, including all worksites for which the employer is requesting H-2A labor certification does not currently have workers on strike or being locked out in the course of a labor dispute. 20 CFR 655.135(b).
3. **HOUSING FOR WORKERS:** Employer agrees to provide for or secure housing for H-2A workers and those workers in corresponding employment who are not reasonably able to return to their residence at the end of the work day. That housing complies with the applicable local, State, or Federal standards and is sufficient to house the specified number of workers requested through the clearance system. The employer will provide the housing without charge to the worker. Any charges for rental housing will be paid directly by the employer to the owner or operator of the housing. If public accommodations are provided to workers, the employer agrees to pay all housing-related charges directly to the housing's management. The employer agrees that charges in the form of deposits for bedding or other similar incidentals related to housing (e.g., utilities) must not be levied upon workers. However, the employer may require workers to reimburse them for damage caused to housing by the individual worker(s) found to have been responsible for damage which is not the result of normal wear and tear related to habitation. When it is the prevailing practice in the area of intended employment and the occupation to provide family housing, the employer agrees to provide family housing at no cost to workers with families who request it. 20 CFR 655.122(d), 653.501(c)(3)(vi).

*Request for Conditional Access to Intrastate or Interstate Clearance System:* Employer assures that the housing disclosed on this clearance order will be in full compliance with all applicable local, State, or Federal standards at least 20 calendar days before the housing is to be occupied. 20 CFR 653.502(a)(3). The Certifying Officer will not certify the application until the housing has been inspected and approved.

4. **WORKERS' COMPENSATION COVERAGE:** Employer agrees to provide workers' compensation insurance coverage in compliance with State law covering injury and disease arising out of and in the course of the worker's employment. If the type of employment for which the certification is sought is not covered by or is exempt from the State's workers' compensation law, the employer agrees to provide, at no cost to the worker, insurance covering injury and disease arising out of and in the course of the worker's employment that will provide benefits at least equal to those provided under the State workers' compensation law for other comparable employment. 20 CFR 655.122(e).
5. **EMPLOYER-PROVIDED TOOLS AND EQUIPMENT:** Employer agrees to provide to the worker, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. 20 CFR 655.122(f).
6. **MEALS:** Employer agrees to provide each worker with three meals a day or furnish free and convenient cooking and kitchen facilities to the workers that will enable the workers to prepare their own meals. Where the employer provides the meals, the job offer will state the charge, if any, to the worker for such meals. The amount of meal charges is governed by 20 CFR 655.173. 20 CFR 655.122(g).

For workers engaged in the herding or production of livestock on the range, the employer agrees to provide each worker, without charge or deposit charge, (1) either three sufficient meals a day, or free and convenient cooking facilities and adequate provision of food to enable the worker to prepare his own meals. To be sufficient or adequate, the meals or food provided must include a daily source of protein, vitamins, and minerals; and (2) adequate potable water, or water that can be easily rendered potable and the means to do so. 20 CFR 655.210(e).

7. **TRANSPORTATION AND DAILY SUBSISTENCE:** Employer agrees to provide the following transportation and daily subsistence benefits to eligible workers.

**A. Transportation to Place of Employment (Inbound)**

If the worker completes 50 percent of the work contract period, and the employer did not directly provide such transportation or subsistence or otherwise has not yet paid the worker for such transportation or subsistence costs, the employer agrees to reimburse the worker for reasonable costs incurred by the worker for transportation and daily subsistence from the place from which the worker has come to work for the employer, whether in the U.S. or abroad to the place of employment. The amount of the transportation payment must be no less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved. The amount the employer will pay for daily subsistence expenses are those amounts disclosed in this clearance order, which are at least as much as the employer would charge the worker for providing the worker with three meals a day during employment (if applicable), but in no event will less than the amount permitted under 20 CFR 655.173(a). The employer understands that the Fair Labor Standards Act applies independently of the H-2A requirements and imposes obligations on employers regarding payment of wages. 20 CFR 655.122(h)(1).

**B. Transportation from Place of Employment (Outbound)**

If the worker completes the work contract period, or is terminated without cause, and the worker has no immediate subsequent H-2A employment, the employer agrees to provide or pay for the worker's transportation and daily subsistence from the place of employment to the place from which the worker, disregarding intervening employment, departed to work for the employer. Return transportation will not be provided to workers who voluntarily abandon employment before the end of the work contract period, or who are terminated for cause, if the employer follows the notification requirements in 20 CFR 655.122(n).



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If the worker has contracted with a subsequent employer who has not agreed in such work contract to provide or pay for the worker's transportation and daily subsistence expenses from the employer's worksite to such subsequent employer's worksite, the employer must provide for such expenses. If the worker has contracted with a subsequent employer who has agreed in such work contract to provide or pay for the worker's transportation and daily subsistence expenses from the employer's worksite to such subsequent employer's worksite, the subsequent employer must provide or pay for such expenses.

The employer is not relieved of its obligation to provide or pay for return transportation and subsistence if an H-2A worker is displaced as a result of the employer's compliance with the 50 percent rule as described in sec. 655.135(d) of this subpart with respect to the referrals made after the employer's date of need. 20 CFR 655.122(h)(2).

C. *Daily Transportation*

Employer agrees to provide transportation between housing provided or secured by the employer and the employer's worksite(s) at no cost to the worker. 20 CFR 655.122(h)(3).

D. *Compliance with Transportation Standards*

Employer assures that all employer-provided transportation will comply with all applicable Federal, State, or local laws and regulations. Employer agrees to provide, at a minimum, the same transportation safety standards, driver licensure, and vehicle insurance as required under 29 U.S.C. 1841 and 29 CFR 500.105 and 29 CFR 500.120 to 500.128. If workers' compensation is used to cover transportation, in lieu of vehicle insurance, the employer will ensure that such workers' compensation covers all travel or that vehicle insurance exists to provide coverage for travel not covered by workers' compensation. Employer agrees to have property damage insurance. 20 CFR 655.122(h)(4).

8. **THREE-FOURTHS GUARANTEE:** Employer agrees to offer the worker employment for a total number of work hours equal to at least three-fourths of the workdays of the total period beginning with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ending on the expiration date specified in the work contract or in its extensions, if any. 20 CFR 655.122(i).

The employer may offer the worker more than the specified hours of work on a single workday. For purposes of meeting the three-fourths guarantee, the worker will not be required to work for more than the number of hours specified in the job order for a workday, or on the worker's Sabbath or Federal holidays. If, during the total work contract period, the employer affords the U.S. or H-2A worker less employment than that required under this guarantee, the employer will pay such worker the amount the worker would have earned had the worker, in fact, worked for the guaranteed number of days. An employer will not be considered to have met the work guarantee if the employer has merely offered work on three-fourths of the workdays if each workday did not consist of a full number of hours of work time as specified in the job order. All hours of work actually performed may be counted by the employer in calculating whether the period of guaranteed employment has been met. Any hours the worker fails to work, up to a maximum of the number of hours specified in the job order for a workday, when the worker has been offered an opportunity to work, and all hours of work actually performed (including voluntary work over 8 hours in a workday or on the worker's Sabbath or Federal holidays), may be counted by the employer in calculating whether the period of guaranteed employment has been met. 20 CFR 655.122(i).

If the worker is paid on a piece rate basis, the employer agrees to use the worker's average hourly piece rate earnings or the required hourly wage rate, whichever is higher, to calculate the amount due under the three-fourths guarantee. 20 CFR 655.122(i).

If the worker voluntarily abandons employment before the end of the period of employment set forth in the job order, or is terminated for cause, and the employer follows the notification requirements in 20 CFR 655.122(n), the worker is not entitled to the three-fourths guarantee. The employer is not liable for payment of the three-fourths guarantee to an H-2A worker whom the Department of Labor certifies is displaced due to the employer's requirement to hire qualified and available U.S. workers during the recruitment period set out in 20 CFR 655.135(d), which lasts until 50 percent of the period of the work contract has elapsed (50 percent rule). 20 CFR 655.122(i).

**Important Note:** In circumstances where the work contract is terminated due to contract impossibility under 20 CFR 655.122(o), the three-fourths guarantee period ends on the date of termination.

9. **EARNINGS RECORDS:** Employer agrees to keep accurate and adequate records with respect to the workers' earnings at the place or places of employment, or at one or more established central recordkeeping offices where such records are customarily maintained. All records must be available for inspection and transcription by the Department of Labor or a duly authorized and designated representative, and by the worker and representatives designated by the worker as evidenced by appropriate documentation. Where the records are maintained at a central recordkeeping office, other than in the place or places of employment, such records must be made available for inspection and copying within 72 hours following notice from the Department of Labor, or a duly authorized and designated representative, and by the worker and designated representatives. The content of earnings records must meet all regulatory requirements and be retained by the employer for a period of not less than 3 years after the date of certification by the Department of Labor. 20 CFR 655.122(j).
10. **HOURS AND EARNINGS STATEMENTS:** Employer agrees to furnish to the worker on or before each payday in one or more written statements the following information: (1) the worker's total earnings for the pay period; (2) the worker's hourly rate and/or piece rate of pay; (3) the hours of employment offered to the worker (showing offers in accordance with the three-fourths guarantee as determined in 20 CFR 655.122(i), separate from any hours offered over and above the guarantee); (4) the hours actually worked by the worker; (5) an itemization of all deductions made from the worker's wages; (6) If piece rates are used, the units produced daily; (7) beginning and ending dates of the pay period; and (8) the employer's name, address and FEIN. 20 CFR 655.122(k).

For workers engaged in the herding or production of livestock on the range, the employer is exempt from recording and furnishing the hours actually worked each day, the time the worker begins and ends each workday, as well as the nature and amount of work performed, but otherwise must comply with the earnings records and hours and earnings statement requirements set out in 20 CFR 655.122(j) and (k). The employer agrees to keep daily records indicating whether the site of the employee's work was on the range or off the range. If the employer prorates a worker's wage because of the worker's voluntary absence for personal reasons, it must also keep a record of the reason for the worker's absence. 20 CFR 655.210(f).





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11. **RATES OF PAY:** The employer agrees that it will offer, advertise in its recruitment, and pay at least the Adverse Effect Wage Rate (AEWR), the prevailing hourly wage rate, the prevailing piece rate, the agreed-upon collective bargaining rate, or the Federal or State minimum wage rate, in effect at the time work is performed, whichever is highest. If the worker is paid by the hour, the employer must pay this rate for every hour or portion thereof worked during a pay period. If the offered wage(s) disclosed in this clearance order is/are based on commission, bonuses, or other incentives, the employer guarantees the wage paid on a weekly, semi-monthly, or monthly basis will equal or exceed the AEWR, prevailing hourly wage or piece rate, the legal Federal or State minimum wage, or any agreed-upon collective bargaining rate, whichever is highest.

If the worker is paid on a piece rate basis and at the end of the pay period the piece rate does not result in average hourly piece rate earnings during the pay period at least equal to the amount the worker would have earned had the worker been paid at the appropriate hourly rate of pay, the employer agrees to supplement the worker's pay at that time so that the worker's earnings are at least as much as the worker would have earned during the pay period if the worker had instead been paid at the appropriate hourly wage rate for each hour worked. 20 CFR 655.120, 655.122(l).

For workers engaged in the herding or production of livestock on the range, the employer agrees to pay the worker at least the monthly AEWR, the agreed-upon collective bargaining wage, or the applicable minimum wage imposed by Federal or State law or judicial action, in effect at the time work is performed, whichever is highest, for every month of the job order period or portion thereof. If the offered wage disclosed in this clearance order is based on commissions, bonuses, or other incentives, the employer assures that the wage paid will equal or exceed the monthly AEWR, the agreed-upon collective bargaining wage, or the applicable minimum wage imposed by Federal or State law or judicial action, whichever is highest, and will be paid to each worker free and clear without any unauthorized deductions. The employer may prorate the wage for the initial and final pay periods of the job order period if its pay period does not match the beginning or ending dates of the job order. The employer also may prorate the wage if an employee is voluntarily unavailable to work for personal reasons. 20 CFR 655.210(g).

12. **FREQUENCY OF PAY:** Employer agrees to pay workers when due based on the frequency disclosed in this clearance order. 20 CFR 655.122(m).

13. **ABANDONMENT OF EMPLOYMENT OR TERMINATION FOR CAUSE:** If a worker voluntarily abandons employment before the end of the contract period, or is terminated for cause, employer is not responsible for providing or paying for the subsequent transportation and subsistence expenses of that worker, and that worker is not entitled to the three-fourths guarantee, if the employer notifies the Department of Labor and, if applicable, the Department of Homeland Security, in writing or by any other method specified by the Department of Labor or the Department of Homeland Security in the Federal Register, not later than 2 working days after the abandonment or termination occurs. A worker will be deemed to have abandoned the work contract if the worker fails to show up for work at the regularly scheduled time and place for 5 consecutive work days without the consent of the employer. 20 CFR 655.122(n).

14. **CONTRACT IMPOSSIBILITY:** The work contract may be terminated before the end date of work specified in the work contract if the services of the workers are no longer required for reasons beyond the control of the employer due to fire, weather, or other Act of God that makes fulfillment of the contract impossible, as determined by the U.S. Department of Labor. In the event that the work contract is terminated, the employer agrees to fulfill the three-fourths guarantee for the time that has elapsed from the start date of work specified in the work contract to the date of termination. The employer also agrees that it will make efforts to transfer the worker to other comparable employment acceptable to the worker and consistent with existing immigration laws. In situations where a transfer is not affected, the employer agrees to return the worker at the employer's expense to the place from which the worker, disregarding intervening employment, came to work for the employer, or transport the worker to his/her next certified H-2A employer, whichever the worker prefers. The employer will also reimburse the worker the full amount of any deductions made by the employer from the worker's pay for transportation and subsistence expenses to the place of employment. The employer will also pay the worker for any transportation and subsistence expenses incurred by the worker to that employer's place of employment. The amounts the employer will pay for subsistence expenses per day are those amounts disclosed in this clearance order. The amount of the transportation payment must not be less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved. 20 CFR 655.122(o).

The employer is not required to pay for transportation and daily subsistence from the place of employment to a subsequent employer's worksite if the worker has contracted with a subsequent employer who has agreed to provide or pay for the worker's transportation and subsistence expenses from the present employer's worksite to the subsequent employer's worksite. 20 CFR 655.122(h)(2).

15. **DEDUCTIONS FROM WORKER'S PAY:** Employer agrees to make all deductions from the worker's paycheck required by law. This job offer discloses all deductions not required by law which the employer will make from the worker's paycheck and all such deductions are reasonable, in accordance with 20 CFR 655.122(p) and 29 CFR part 531. The wage requirements of 20 CFR 655.120 will not be met where undisclosed or unauthorized deductions, rebates, or refunds reduce the wage payment made to the employee below the minimum amounts required under 20 CFR part 655, subpart B, or where the employee fails to receive such amounts free and clear because the employee kicks back directly or indirectly to the employer or to another person for the employer's benefit the whole or part of the wage delivered to the employee. 20 CFR 655.122(p).

16. **DISCLOSURE OF WORK CONTRACT:** Employer agrees to provide a copy of the work contract to an H-2A worker no later than the time at which the worker applies for the visa, or to a worker in corresponding employment no later than on the day work commences. For an H-2A worker coming to the employer from another H-2A employer, the employer agrees to provide a copy of the work contract no later than the time an offer of employment is made to the H-2A worker. A copy of the work contract will be provided to each worker in a language understood by the worker, as necessary or reasonable. In the absence of a separate, written work contract entered into between the employer and the worker, the required terms of this clearance order, including all Addendums, and the certified *H-2A Application for Temporary Employment Certification* will be the work contract. 20 CFR 655.122(q).



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17. **ADDITIONAL ASSURANCES FOR CLEARANCE ORDERS:**

- A. Employer agrees to provide to workers referred through the clearance system the number of hours of work disclosed in this clearance order for the week beginning with the anticipated date of need, unless the employer has amended the date of need at least 10 business days before the original date of need by so notifying the Order-Holding Office (OHO) in writing (e.g., e-mail notification). The employer understands that it is the responsibility of the SWA to make a record of all notifications and attempt to inform referred workers of the amended date of need expeditiously. 20 CFR 653.501(c)(3)(i).
- If there is a change to the anticipated date of need, and the employer fails to notify the OHO at least 10 business days before the original date of need, the employer agrees that it will pay eligible workers referred through the clearance system the specified rate of pay disclosed in this clearance order for the first week starting with the originally anticipated date of need or will provide alternative work if such alternative work is stated on the clearance order. 20 CFR 653.501(c)(5).
- B. Employer agrees that no extension of employment beyond the period of employment specified in the clearance order will relieve it from paying the wages already earned, or if specified in the clearance order as a term of employment, providing transportation from the place of employment, as described in paragraph 7.B above. 20 CFR 653.501(c)(3)(ii).
- C. Employer assures that all working conditions comply with applicable Federal and State minimum wage, child labor, social security, health and safety, farm labor contractor registration, and other employment-related laws. 20 CFR 653.501(c)(3)(iii).
- D. Employer agrees to expeditiously notify the OHO or SWA by emailing and telephoning immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over-recruitment, or other factors have changed the terms and conditions of employment. 20 CFR 653.501(c)(3)(iv).
- E. If acting as a farm labor contractor (FLC) or farm labor contractor employee (FLCE) on this clearance order, the employer assures that it has a valid Federal FLC certificate or Federal FLCE identification card and when appropriate, any required State FLC certificate. 20 CFR 653.501(c)(3)(v).
- F. Employer assures that outreach workers will have reasonable access to the workers in the conduct of outreach activities pursuant to 20 CFR 653.107. 20 CFR 653.501(c)(3)(vii).

*I declare under penalty of perjury that I have read and reviewed this clearance order, including every page of this Form ETA-790A and all supporting addendums, and that to the best of my knowledge, the information contained therein is true and accurate. This clearance 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. 20 CFR 653.501(c)(3)(viii). I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both. 18 U.S.C. 2, 1001.*

|                                                                                                               |                                   |                               |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|
| 1. Last (family) name *<br>MCGREW                                                                             | 2. First (given) name *<br>ROBERT | 3. Middle initial \$          |
| 4. Title *<br>OWNER                                                                                           |                                   |                               |
| 5. Signature (or digital signature) *<br>Digital Signature Verified and Retained By <i>Certifying Officer</i> |                                   | 6. Date signed *<br>10/3/2022 |

**Employment Service Statement**

In view of the statutorily established basic function of the Employment Service (ES) as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the Department of Labor's Employment and Training Administration (ETA) nor the SWAs 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 SWA is in any way a party. 20 CFR 653.501(c)(1)(i).

**Public Burden Statement (1205-0466)**

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 .63 hours per response for all information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and submitting the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (44 U.S.C. 3501, Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). 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, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Suite PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0466). DO NOT send the completed application to this address.



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**C. Additional Place of Employment Information**

| 1. Name of Agricultural Business § | 2. Place of Employment *                             | 3. Additional Place of Employment Information §                     | 4. Begin Date § | 5. End Date § | 6. Total Workers § |
|------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|-----------------|---------------|--------------------|
| ROBERT MCGREW                      | 5818 SIEVERS RD<br>DIXON, California 95620<br>SOLANO | I80 TO OEDRICK RD GO W THROUGH<br>STOP-4 1/2 MI TRN LFT ON GRAND RD | 12/1/2022       | 3/31/2023     | 5                  |
|                                    |                                                      |                                                                     |                 |               |                    |
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**H. Additional Material Terms and Conditions of the Job Offer**

a. Job Offer Information 1

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| 1. Section/Item Number *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A.8a | 2. Name of Section or Category of Material Term or Condition * | Job Duties |
| <p>3. Details of Material Term or Condition (<i>up to 3,500 characters</i>) *</p> <p>Workers must have at least 3 months of experience birthing ewes with herds of 200 head or larger on the open range or pasture. One reference required. May assist in lambing, docking, and shearing. The following seasonal duties will need to be performed. Herder will need to move pregnant ewes to lambing grounds. Be able to identify signs of ewes going into labor and identify potential problems during the labor process. Know how and when to assist during difficult births. Be able to properly constrain ewes for difficult births and able to graft orphan lambs to mothers. Ability to identify herd health issues including but not limited to malnutrition of ewes and lambs, prolapse and mastitis. Provide water to animals, including minor maintenance of water troughs and water lines. May need to haul water in truck to supplement animal water needs. May need to provide supplement feed for the ewes and lambs if the range has insufficient forage. Disperse sheep on the range to reduce overcrowding and increase the success of mother and lamb bonding. Protect vulnerable lambs &amp; ewes in labor from predators. Move Ewes and lambs and assist in branding, castrating, vaccinating, tagging, and worming. Ability to safely catch lambs with a hook. Move ewes and lambs to summer range grounds.</p> <p>Some work/tasks may occur off the range, but more than 50% of work will be performed on the range. Western Range Association and its member ranches facilitate practices of good animal husbandry. Employees that are found abusing neglecting or abandoning animals entrusted to their care may be terminated for cause. If the negligent/abusive actions of an employee result in the loss/death of animals or cause harm to another person, the employee may be held accountable for these actions. The worker will live in the employer provided range housing. Said housing will be clean and in good repair at the time it is provided to the employee. The employee is responsible to maintain the housing unit in a reasonable level of cleanliness in order to avoid flies, mice or other vermin. The employee is responsible to alert the employer of damage to the housing unit within a reasonable amount of time. The employee may be held accountable for damage to the housing unit that is the result of a dishonest or willful act or by the gross negligence on the part of the employee (normal wear and tear excepted).<br/>***Hours worked footnote: On call for up to 24 hours 7 days a week***</p> |      |                                                                |            |

b. Job Offer Information 2

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| 1. Section/Item Number *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F.2 | 2. Name of Section or Category of Material Term or Condition * | Inbound/Outbound Transportation - undefined |
| <p>3. Details of Material Term or Condition (<i>up to 3,500 characters</i>) *</p> <p>Incoming transportation and advanced/paid on behalf of a worker before 50% completion of the work contract may be deducted from the worker's pay in accordance with applicable state regulations if the worker does not complete 50% of the contract. When a longer-term contract is negotiated with a U.S. or H-2A worker, the employer is not relieved of the responsibility for reimbursement to the worker for travel and subsistence expenses incurred in getting to the job site which were advanced by the employer and subsequently withheld from the worker's pay until 50% of the original contract period elapsed. These payments will be made to the U.S. and H-2A workers at the 50% completion point of the original period of employment. The employer is responsible for return transportation and subsistence expenses if the U.S. and H-2A worker successfully fulfills his/her obligations under the original terms of employment for less than 1 year. However, such payment does not actually have to be made to the U.S and H-2A worker until the worker and the employer sever their employer/employee relationship, which will occur at the point in time subsequent to the end of the original period of employment when a longer-term contract is negotiated. Successful completion of the original contract or job order entitles the worker to return transportation and subsistence regardless of performance under renewal or extended contract.</p> |     |                                                                |                                             |



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**H. Additional Material Terms and Conditions of the Job Offer**

c. Job Offer Information 3

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|----------------------------|
| 1. Section/Item Number *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A.11 | 2. Name of Section or Category of Material Term or Condition * | Pay Deductions - undefined |
| 3. Details of Material Term or Condition ( <i>up to 3,500 characters</i> ) *<br>The current overtime available for sheepherders is \$955.89/month and may change if the DIR standards change or the Industrial Welfare Commission Order No. 14 is changed as the result of legislative or judicial action. In the event that the applicable H-2A wage rate decreases for any reason during the employer's recruitment and/or H-2A contract period in the instant job order, the employer reserves the right to decrease its offered/paid hourly wage to the new, lower wage rate, as long as the new lower rate remains the highest wage rate pursuant to 20 CFR 655.211 and is the highest minimum wage and overtime as required by state or federal law or pursuant to judicial action. |      |                                                                |                            |

d. Job Offer Information 4

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| 1. Section/Item Number *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A.8a | 2. Name of Section or Category of Material Term or Condition * | Job Duties - undefined |
| 3. Details of Material Term or Condition ( <i>up to 3,500 characters</i> ) *<br>Los trabajadores deben tener al menos 3 meses de experiencia en el parto de ovejas con rebaños de 200 cabezas o más en campo abierto o pastura. Se requiere una referencia. Puede ayudar en el parto, corte y esquila. Deberán realizarse las siguientes tareas estacionales. El pastor deberá trasladar las ovejas preñadas a las áreas de parto. Ser capaz de identificar signos de ovejas que se ponen de parto e identificar problemas potenciales durante el proceso de parto. Saber cómo y cuándo ayudar durante los partos difíciles. Ser capaz de constreñir adecuadamente a las ovejas para partos difíciles y poder injertar corderos huérfanos a las madres. Capacidad para identificar problemas de salud del rebaño, incluidos, entre otros, desnutrición de ovejas y corderos, prolapso y mastitis. Proporcionar agua a los animales, incluido el mantenimiento menor de los abrevaderos y las líneas de agua. Es posible que deba transportar agua en un camión para complementar las necesidades de agua de los animales. Puede ser necesario proporcionar alimento complementario para las ovejas y los corderos si el campo no tiene suficiente forraje. Disperse las ovejas en el campo para reducir el hacinamiento y aumentar el éxito del vínculo entre la madre y el cordero. Proteja a los corderos y ovejas vulnerables en trabajo de depredadores. Mueva ovejas y corderos y ayude a marcar, castrar, vacunar, etiquetar y desparasitar. Capacidad para atrapar corderos con seguridad con un anzuelo. Traslade las ovejas y los corderos a los pastizales de verano.<br><br>Algunos trabajos/tareas pueden ocurrir fuera de la estufa, pero más del 50 % del trabajo se realizará en la estufa. Western Range Association y sus ranchos miembros facilitan prácticas de buena crianza de animales. Los empleados que sean encontrados abusando, descuidando o abandonando animales confiados a su cuidado pueden ser despedidos por causa. Si las acciones negligentes/abusivas de un empleado resultan en la pérdida/muerte de animales o causan daño a otra persona, el empleado puede ser responsable por estas acciones. El trabajador vivirá en el rango de vivienda proporcionado por el empleador. Dicha vivienda estará limpia y en buen estado en el momento en que se proporcione al empleado. El empleado es responsable de mantener la unidad de vivienda en un nivel razonable de limpieza para evitar moscas, ratones u otras alimañas. El empleado es responsable de alertar al empleador de los daños a la unidad de vivienda dentro de un período de tiempo razonable. El empleado puede ser responsable por daños a la unidad de vivienda que sean el resultado de un acto deshonesto o doloso o por negligencia grave por parte del empleado (excepto por el uso y desgaste normal).<br>***Horas trabajadas nota al pie: disponible hasta 24 horas, 7 días a la semana*** |      |                                                                |                        |

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**H. Additional Material Terms and Conditions of the Job Offer**

e. Job Offer Information 5

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|------------------------|
| 1. Section/Item Number *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A.8a | 2. Name of Section or Category of Material Term or Condition * | Job Duties - undefined |
| 3. Details of Material Term or Condition (up to 3,500 characters) *<br><b>ELECTRONIC COMMUNICATION</b><br>Cell phones are provided with sufficient minutes of use, without charge or deposit during the entire period of employment. Employer or his camp tender have daily contact with the workers.<br><br><b>EMPLOYER PROVIDED ITEMS</b><br>Dogs, first aid kit, work gloves, helmets, safety glasses, goggles, sleeping bag, pillows, rain gear. In addition to items listed, worker will be provided any other tools, supplies, and equipment needed as required by law to perform the work safely and effectively The tools, supplies, and equipment that are provided to the workers are provided without charge or deposit. |      |                                                                |                        |

f. Job Offer Information 6

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|--------------------------------------------|
| 1. Section/Item Number *                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2. Name of Section or Category of Material Term or Condition * | - Piece Rate Units/Special Pay Information |
| 3. Details of Material Term or Condition (up to 3,500 characters) *<br>Overtime pay is available under CA Department of Industrial Relations (DIR) standards for payment of overtime to sheepherders working in California, in accordance with the Industrial Welfare Commission Order No. 14. The current pay with overtime included is \$3,444.86/month and may change if the DIR standards change or the Industrial Welfare Commission Order No. 14 changes. |  |                                                                |                                            |