COMPLETE OR ABANDONED WORKER DEPARTURE REPORT WORKMAN FARM SERVICES, LLC

EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER PHONE #:	
EMPLOYER EIN #	
DOL CASE#: H-300 PAPERWORK)	(ON ALL DOL
IOE#	(ON HOMELAND SECURITY PAPERS)
U.S WORKER H-2A WORK	ERX
THE FOLLOWING WORKER(S) HA	VE: H-2A CONTRACT NUMBER
	TRACT TIME & ARE RETURNING TO RE):
	NTRACT BUT ARE LEAVING THE REASON: (PLEASE INCLUDE DATE. USE
** WORKER WILL BE RETURNING YES NO	G (IF LEAVING FOR SHORT TIME ONLY) ::
ESTIMATED RETURN DATE:	
H-2A WORKERS NAME:	
DATE OF BIRTH:	
PASSPORT#: (ALL INFO IS ON YOUR I-9 FORM	<u>(1)</u>
REPORT THIS IN WRITING TO K DEPARTURE FROM JOBSITE	FA, WITHIN 48 HOURS OF WORKERS
EMPLOYER SIGNATURE	