



SAMPLE FARM WORK AGREEMENT

(NOTE: This is a Sample only. The Department of Labor does not furnish these forms)

The Minimum Wage Order for Farm Workers, Part 190 of Title 12 of Official Compilation of Codes, Rules and Regulations, effective January 1, 1985, Promulgated by the Commissioner of Labor pursuant to Article 19-A of the New York State Labor Law, Section 190-6.1 (2), and Section 673A of New York State Labor Law effective 7/27/04 require that every employer shall notify each employee, in writing, of the conditions of employment (Work Agreement) at the time of commitment to hire.

In addition, the New York State Labor Law, Article 6, Section 195.5, requires every employer to notify employees in writing or by publicly posting the employer's policy on sick leave, vacation, personal leave, holidays and hours.

A sample Work Agreement of this type, when completed in full and provided to each employee, satisfies these New York State Labor Law requirements.

A. (1) EMPLOYER'S FULL LEGAL NAME					TELEPHONE NUMBER	
(2) ADDRESS	Street	City	Town or Village	County	Zip Code	

B. (1) SPECIFIC LOCATION WHERE WORKERS WILL WORK

(2) TYPE OF WORK TO BE PERFORMED

(3) HOURS FOR STANDARD WORK DAY _____ HOURS FOR STANDARD WORK WEEK _____
OTHER SCHEDULED HOURS (e.g. Part-time) explain _____

C. DESCRIBE HOUSING ARRANGEMENTS, IF ANY, INCLUDING NUMBER OF ROOMS, COOKING FACILITIES, ETC.

D. INDICATE ALLOWANCES, IF ANY, TO BE CREDITED TOWARDS MINIMUM WAGE

MEALS \$ _____ LODGING \$ _____ PAYMENTS IN KIND _____ \$ _____
(Specify)

E. LIST BENEFITS TO BE PROVIDED BY THE EMPLOYER (SICK LEAVE, VACATION, PERSONAL LEAVE, HOLIDAYS, OTHER)

F. (1) WAGE RATES TO BE PAID

HOURLY \$ _____ PIECE-RATE \$ _____ BONUS \$ _____ OTHER \$ _____
(Specify)

(2) HOW OFTEN ARE WAGES PAID?

WEEKLY, PAID ON WHICH DAY OF THE WEEK? _____ OTHER, EXPLAIN _____

G. APPROXIMATE PERIOD OF EMPLOYMENT

FROM: _____ TO: _____

H. LIST ALL OTHER PLANNED PAYROLL DEDUCTIONS (e.g., Social Security, taxes, transportation to and from permanent home)

SEE REVERSE

I. LIST NON-ECONOMIC TERMS AND CONDITIONS OF EMPLOYMENT (e.g., Transportation availability, Medical Service, Child Care, schooling, etc.)

J. WILL OVERTIME BE PAID? NO YES IF YES, SPECIFY ANY AGREEMENT MADE WITH THE WORKER FOR ADDITIONAL WAGES

NAME OF OWNER, PARTNER OR CORPORATE OFFICER (AND TITLE)

NAME OF EMPLOYEE

EMPLOYER SIGNATURE AND DATE

EMPLOYEE SIGNATURE AND DATE