*PLEASE PRINT LEGIBLY OR TYPE.

LOG OF APPARENT VIOLATIONS – MSFW

Career Center:

Month Ending:

NO.	Employer/Contractor/ Individual	Referral Date			S	ourc	e	Type of Violation									Referred				Enforcement Agency Decision				
			ES Related	Non-ES Related	Field Check	Outreach	Other	Child Labor	Housing	Wages	AGSM	Pesticides	Worker Safety	H-2A	Other	Informal Resolution	OSHA	DBPR	рон	DACS	Wage & Hour Division	Other	Violation	No Violation	Initiating Discontinuation of Services
									_																
Fo	rm DEO 1300 (01/15)	1																					<u>I</u>		/

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.