



OMB Approval No. 1205-0134
Expires: 07/31/98

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

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

8. Employer's Certification ▶ This clearance memorandum accurately describes the changes in employment conditions offered by me on the above Job Order.

Typed Name of Employer	Signature (Title if other than Employer named)	Date Signed
9. BY: Typed Name of ES Agency Representative	Title	Date Signed
Signature		Telephone Number

10. Applicant Holding Office: ("X" one)

- Accepted (if accepted, list local offices extend to). Rejected (if rejected, provide reasons).

Comments

11. BY: Typed Name of ES Agency Representative	Telephone Number	Date Signed
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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).