SAWP WORKER TRANSFER CONFIRMATION

Seasonal Agricultural Worker Program — Official Transfer Form

1. EMPLOYER INFORMATION

SENDING EMPLOYER		RECEIVING EMPLOYER	
Farm Name:		**Farm Name:**	
Province:		**Province:**	
		Approved LMIA #:	

2. WORKER TRANSFER DETAILS

#	Worker Last Name	Worker First Name	Worker Code	Start Date	Expected End Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

3. ACKNOWLEDGEMENT & SIGNATURES

I/we the undersigned, hereby acknowledge that I/we have signed and entered into an agreement to transfer workers in accordance with the SAWP employment contract.

Sending Employer Signature: _____ **Receiving Employer Signature:** _____

Date Signed (YYYY-MM-DD): _____ **Date Signed (YYYY-MM-DD):** _____

IMPORTANT INSTRUCTIONS: FOLLOWING THE ACTUAL TRANSFER DATE AND NO LATER THAN THE 10TH WORKING DAY, PLEASE EMAIL OR FAX THIS COMPLETED FORM FOR ALL WORKERS TRANSFERRED ON THE LMIA ABOVE. RECEIVING EMPLOYER AND TRANSFER WORKERS MUST SIGN A NEW SAWP EMPLOYMENT CONTRACT.

MEXICO: Send to F.A.R.M.S. ONLY | **CARIBBEAN: Send to Liaison Office & F.A.R.M.S.**

F.A.R.M.S. EMAIL: farmsaccess@farms-canag.com | **F.A.R.M.S. FAX: 905-568-4175** | **Form: F2026-2**