

MILLWRIGHTS LOCAL 1460 CONTRACTOR REQUEST FOR MANPOWER

CONTRACTOR (Employer): _____ JOBSITE _____

DATE _____ ATTN: _____ ORDER #: _____

REPORT TO _____ PHONE #: _____ FAX#: _____

MANPOWER REQUIREMENTS

<u>DAY SHIFT:</u> _____ JM MW's	<u>AFTERNOON/NIGHT SHIFT</u> _____ JM MW's
_____ APPRENTICES	_____ APPRENTICES
_____ JM/WELDER	_____ JM/WELDER
_____ JM/MACHINIST	_____ J/M MACHINIST

START TIME & DATE _____ START TIME & DATE _____

DURATION OF JOB: _____ HOURS OF WORK: _____

CAMP: _____ L.O.A. _____ BUS _____

TOOLS: _____ If YES employee receives 18¢ per kilometer for tool allowance when initial and terminal travel applies.

			STATUS			SHIFT (D/N)
1						
2						
3						

Total manpower requirements including name hires _____.

UNDER WHAT CONTRACT WILL WORK BE PERFORMED?

Construction General Presidents National Maintenance other please list _____.

Can **RSAP** be used on this call? Yes No

Pre-access Alcohol & Drug information:

DEDUCT MONTHLY DUES \$25 WORKING /FIELD DUES 2.25% on gross wages.

DISPATCHER Ted Remenda _____

Phone: 780-430-1460 ext.2165 _____

Fax: 780-430-9784 _____