

# Contractor Workforce Request Form

If you have any questions regarding this form, please call (212) 732-5979.

When complete, please Fax this form to (212) 732-5440.

Contractor Name: \_\_\_\_\_

My Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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Job Site Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

PLEASE CHECK ONE:

☐ Shop

☐ Field

Start Date: \_\_\_\_\_

Contact/Foreman: \_\_\_\_\_

Job Phone: \_\_\_\_\_

Job Fax: \_\_\_\_\_

Shanty Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ AM

Please check if job is expected to be Short Term:

☐

Please indicate the number of **sheet metal workers** needed on the appropriate line below.

General Mechanic \_\_\_\_\_

Fan Maintenance \_\_\_\_\_

Sketcher/HAND \_\_\_\_\_

Roofer \_\_\_\_\_

Sketcher- CAD \_\_\_\_\_

Enclosures \_\_\_\_\_

Welder \_\_\_\_\_

Testing & Balancing \_\_\_\_\_

Certified Welder \_\_\_\_\_

Decking \_\_\_\_\_

Siding \_\_\_\_\_

Please indicate additional **Specialties, Comments** or **Special Instructions** if any:

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