

LOCAL 1000

CONTRACTOR REQUEST FOR MANPOWER

CONTRACTOR (Employer): _____ JOBSITE _____

DATE _____ ATTN: _____ ORDER #: _____

REPORT TO _____ PHONE #: _____ FAX#: _____

MANPOWER REQUIREMENTS

DAY SHIFT: _____ JM MW's

NIGHT SHIFT _____ MILLWRIGHTS

_____ APPRENTICES

_____ APPRENTICES

_____ JM/WELDER

_____ WELDER

_____ JM/MACHINIST

_____ MACHINIST

START TIME & DATE _____ START TIME & DATE _____

DURATION OF JOB(days): _____ HOURS OF WORK: _____

Total manpower requirements _____

CONTRACTOR CONTACT _____

Office Use:

DEDUCT MONTHLY DUES: \$25

WORKING /FIELD DUES: 2.25% on gross wages.

DISPATCHER _____ Phone: _____ ext. _____ Fax: _____