APPRENTICE REQUEST FORM

Due by 3:00p.m. for next day dispatch. Please complete entire form before sending.

TODAY'S DATE __________________ REPORT TO JOB OR SHOP __________________

DATE TO WORK __________________ STARTING TIME __________________

CONTRACTORS MAY REQUEST APPRENTICES BY THE FOLLOWING PAY PERIODS: 1ST/2ND PERIOD, 3RD/4TH PERIOD OR 5TH/6TH PERIOD. ONE OUT OF EVERY THREE CALLS MUST BE MARKED "ANY PERIOD", (UNLESS OTHERWISE AGREED TO IN AN MOU).

COMMERCIAL

☐ ANY PERIOD

1ST / 2ND PERIOD ☐ (45% / 50%) ______

☐ (55% / 60%) ______

3RD / 4TH PERIOD ☐ (55% / 65%) ______

☐ (60% / 65%) ______

5TH / 6TH PERIOD ☐ (75% / 85%) ______

☐ (60% / 85%) ______

SOUND & COMM

☐ ANY PERIOD

☐ (60% / 65%) ______

☐ (55% / 60%) ______

RESIDENTIAL

☐ ANY PERIOD

☐ (70% / 75%) ______

☐ (65% / 75%) ______

☐ (80% / 85%) ______

ARE YOU REQUESTING MINORITY/FEMALE? ____________________________

REDUCED WAGE/FRINGE JOB [ ] YES [ ] NO JW SCALE $ _____________

PREVAILING WAGE JOB [ ] YES [ ] NO

EMPLOYER __________________________________________________________

SHOP ADDRESS ______________________________________________________

SHOP PHONE ____________________________

JOB NAME ____________________________

JOB ADDRESS _______________________________________________________

(Include map if necessary)

JOB PHONE ____________________________

TYPE OF WORK

45-DAY CALL BACK [ ] YES [ ] NO CALL BACK NAME ____________________________

ESTIMATED LENGTH OF CALL ____________________________

REPORT TO _________________________________________________________

AUTHORIZED BY _____________________________________________________

COMMENTS __________________________________________________________

PLEASE DO NOT USE SECTION BELOW

DATE FILLED __________________ APPRENTICE ____________________ % ___________