



PUGET SOUND ELECTRICAL APPRENTICESHIP and TRAINING TRUST
 550 SW 7TH STREET, RENTON, WA 98057
PHONE: 425-228-1777 X103
DISPATCH EMAIL: donita@psejatc.org

APPRENTICE REQUEST FORM

Due by **2:00p.m.** for next day dispatch. **Please complete entire form before sending.**

TODAY'S DATE _____ REPORT TO JOB OR SHOP? _____

DATE TO WORK _____ TIME TO REPORT 1ST DAY _____

CONTRACTORS MAY REQUEST APPRENTICES BY THE FOLLOWING PAY PERIODS: 1st/2nd PERIOD, 3rd/4th PERIOD, 5th/6th PERIOD OR, "ANY".

COMMERCIAL

- ANY PERIOD _____
- 1ST / 2ND PERIOD _____
- 3RD / 4TH PERIOD _____
- 5TH / 6TH PERIOD _____

SOUND & COMM

- ANY PERIOD _____
- 1ST / 2ND PERIOD _____
- 3RD / 4TH PERIOD _____
- 5TH / 6TH PERIOD _____

RESIDENTIAL

- ANY PERIOD _____
- 1ST / 2ND PERIOD _____
- 3RD PERIOD _____

ARE YOU REQUESTING MINORITY/FEMALE? _____

REDUCED WAGE/FRINGE JOB YES NO JW SCALE \$ _____

PREVAILING WAGE JOB YES NO "Priority Worker" Requirement YES NO

Requiring Agency/Gov't _____

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 _____ % _____