ATTACHMENT "C"

CITY OF LOS ANGELES – PROPOSITION HHH REQUEST/VERIFICATION FOR CRAFT EMPLOYEES (INSERT NAME OF PROJECT)

INSTRUCTIONS

S & L #

To the Contractor:

Please complete and fax this form to the applicable union to request craft workers that fulfill all hiring requirements for the City of Los Angeles project. After faxing your request, call the Local to verify receipt and substantiate their capacity to furnish local, at-risk, or general dispatch as requested. Contact information for Locals is listed on back of form. Please print your Fax Transmission Verification Report and keep a copy of this request for your records.

To the Union: Please complete the "Unior records.	n Use Only"	section and fax form b	back to the	requesting conti	ractor. Retain	form for you	ır
То:	Local		Fax# ()		Date:		
From - Company Name					No. of Control of Cont		
Person Sending:			Contact I	Phone: ()			
Please provide me with union as defined below: 30% Local Requirement (Urilisted below. If unavailable, 10% "Transitional Worker" codes listed in Attachment, General Dispatch (Union craftransitional Worker require) Employee Name	nion craft er , can be dis S Requireme and are ce aft employe	mployees, including ap patched from any one SEE ATTACHED TIER 2 ot (Union craft employe rtified to fulfill the "Tra	prentices, vof the Cityw AND TIER es, includin	who reside in the vide zip codes lis 3 ZIP CODES ng apprentices, v orker" hiring req	e local metrop sted in Attach who live in on uirement).	nolitan area zi ment). ne of the Cityone 30% Local	ip codes wide zip I or 10%
Employee Name		Address				Zip Code	
Craft Employees Requested		1					
Job/Craft Description		Journeyman / Apprenticeship Level	Number(s) Requested			Report Date	Report Time
			30% Local	10% Transitional	General Dispatch		
Total Workers Requested Please have worker(s) report to the following address indicated below: Site Address: Report to (On-Site Contact):							
On-Site Tel.#: ()	Fax: ()						
Comments or special requirements:							
Union Use Only			,				
(Fax the Completed Form Bac	k to Contra	ictor)					
Reception Date: Dispatch Date:			Received By:				
Requested Dispatch Available for Dispatch			Unavailable for Dispatch				
80% Local				B			
50% Local Apprentice							
10% Transitional							
General Dispatch		G		ū			
Comments:							