

LOCAL UNION 343 PORTABILITY CLEARANCE FORM

FAX TO (507) 282-1562 PRIOR to commencing work.
Call the Hall if you have any questions (507) 282-7081

Please print clearly

Local #: _____ Contractor: _____

Contact Person: _____ Phone: _____

Type of Project:

_____ Maintenance *
_____ Service *
_____ Specialty *
_____ Construction - Up to Four (4) Members

_____	NEW Clearance
_____	MODIFY Original Clearance
_____	CANCEL Original Clearance

* Maintenance, Service and Specialty Work shall be limited to 24 Hours in duration or less.
Employees must be cleared by their Contractor for EACH Project. All others must be cleared **monthly**.

JOB: _____ Start Date: _____ *End Date: _____

*Required

*Required

Location: _____

ALL Sections must be Completed

1. Name: _____
Social Sec. #: _____ Card#: _____
Home Local: _____ Classification: _____
2. Name: _____
Social Sec. #: _____ Card#: _____
Home Local: _____ Classification: _____
3. Name: _____
Social Sec. #: _____ Card#: _____
Home Local: _____ Classification: _____
4. Name: _____
Social Sec. #: _____ Card#: _____
Home Local: _____ Classification: _____

Copies of Payroll Reports must be made available to each Local upon request.
The intent of this procedure is not to lay-off in one Local and hire in another.

I understand and agree to abide by the Portability Procedures of Local Union 343 / NECA.

Signature/Title: _____ Date: _____