

LOCAL UNION 343 PORTABILITY CLEARANCE FORM

FAX TO (507) 282-1562 PRIOR to the start of work in Local 343.

Call the Hall if you have any questions (507) 282-7081 x222 Colleen. All Portability Forms: www.ibewlocal343.org

Local #: _____ Contractor: _____

Contact Person: _____ Phone: _____

Type of Project: _____ Fax: _____

_____ 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, monthly.

JOB: _____ Start Date: _____ End Date: _____

(Required) (Required)

Location/City: _____

ALL SECTIONS MUST BE COMPLETED - ALL MUST BE REGISTERED ON E.R.T.S.

1. Name: _____ Home Local: _____ Social Sec. #: _____ Card#: _____ Dues Paid thru: _____ Classification: _____ (circle) YES-I have verified that this member is registered on E.R.T.S.
2. Name: _____ Home Local: _____ Social Sec. #: _____ Card#: _____ Dues Paid thru: _____ Classification: _____ (circle) YES-I have verified that this member is registered on E.R.T.S.
3. Name: _____ Home Local: _____ Social Sec. #: _____ Card#: _____ Dues Paid thru: _____ Classification: _____ (circle) YES-I have verified that this member is registered on E.R.T.S.
4. Name: _____ Home Local: _____ Social Sec. #: _____ Card#: _____ Dues Paid thru: _____ Classification: _____ (circle) YES-I have verified that this member is registered on E.R.T.S.

Copies of Payroll Reports must be made available to Local 343 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.

I agree that proper payroll reporting and payments will be made by the 15th of each month.

Signature/Title: _____

Date: _____