

# SC MN ELECTRICAL APPRENTICE REQUEST FORM

## LOCAL 343

**\*\*\*LONG CALL\*\*\***

(Longer than fourteen-14 calendar days)

**NUMBER OF APPRENTICES REQUESTED:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY REPRESENTATIVE:** \_\_\_\_\_

**PHONE NUMBERS: SHOP** \_\_\_\_\_

**JOB** \_\_\_\_\_

**FAX/EMAIL** \_\_\_\_\_

**REPORTING INFORMATION:** \_\_\_\_\_

**REQUESTED START DATE:** \_\_\_\_\_ **DURATION** \_\_\_\_\_

**REPORT TO:      SHOP                  JOB      (CIRCLE ONE)**

**DIRECTIONS TO SHOP/JOBSITE:** \_\_\_\_\_

Inside Scale \_\_\_\_\_ Western Scale \_\_\_\_\_

**START TIME:** \_\_\_\_\_ **FORMAN'S NAME:** \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Low Voltage: \_\_\_\_\_ Other: \_\_\_\_\_

Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Heights: \_\_\_\_\_ Confined Space: \_\_\_\_\_ Other: \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

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### FAX or EMAIL BACK TO THE SC MN JATC OFFICE

507-529-7721, ATOFT@SCMNJATC.ORG or 507-289-7187, JSTRIKE@SCMNJATC.ORG

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APPRENTICE ASSIGNED:	PERIOD	INDENT DATE	WAGE RATE	START DATE	OVER 60 *	SCHOOL DAY
1	_____	_____	\$ _____	_____	_____	_____
2	_____	_____	\$ _____	_____	_____	_____
3	_____	_____	\$ _____	_____	_____	_____
4	_____	_____	\$ _____	_____	_____	_____

\* APPRENTICE WORKING OUTSIDE OF THEIR 60-MILE AREA- One pay period increase