

SC MN ELECTRICAL APPRENTICE REQUEST FORM LOCAL 343

SHORT CALL

(Fourteen-14 calendar days, report Tuesday-Friday may keep through third weekend)

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: _____

FAX or EMAIL BACK TO THE SC MN JATC OFFICE

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

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