

**PRE-APPRENTICE
SC MN ELECTRICAL PRE-APPRENTICE REQUEST FORM
LOCAL 343**

NUMBER OF PRE-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

PRE-APPRENTICE ASSIGNED:	1ST PERIOD	WAGE RATE	START DATE
1 _____	_____	\$ _____	_____
2 _____	_____	\$ _____	_____
3 _____	_____	\$ _____	_____
4 _____	_____	\$ _____	_____

REQUIREMENTS for using Pre-apprentices are outlined in the Memorandum of Understanding Pre-Apprentice Program