LOCAL UNION 343 PORTABILITY CLEARANCE FORM

EMAIL to colleen@ibewlocal343.org or 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: Maintenance* Service* Specialty* Construction - Up to Four (4) Members	MOD	Clearance IFY Original Clearance CEL Original Clearance
* Maintenance, Service and Specialty Work sha Employees must be cleared by their Cor		
JOB:	Start Date:	
Location/City:	(Required)	(Required)
ALL SECTIONS MUST BE COMPLETED - A		D ON E.R.T.S.
1. Name:	Home Local:	
Social Sec. #:		
	ssification:	
(circle) YES-I have verified that this member is reg		
2. Name:	Home Local:	
Social Sec. #:		
	Classification:	
(circle) YES-I have verified that this member is registered on E.R.T.S.		
3. Name:	Home Local:	
Social Sec. #:		
Dues Paid thru: Clas		
(circle) YES-I have verified that this member is registered on E.R.T.S.		
4. Name:	Home Local:	
Social Sec. #:		
(circle) YES-I have verified that this member is reg	istered on E.R.T.S.	
Copies of Payroll Reports must be made The intent of this procedure is not to lay I understand and agree to abide by the Portabi I agree that proper payroll reporting and <u>paym</u> Signature/Title:	7-off in one Local and hire in a lity Procedures of Local Unio	nother. n 343 / NECA.