

SC MN ELECTRICAL APPRENTICE REQUEST FORM

LOCAL 343

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

(Longer than 14-calendar days)

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

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

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

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

JOB \_\_\_\_\_

FAX \_\_\_\_\_

REPORTING INFORMATION:

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

REPORT TO: SHOP JOB (CIRCLE ONE)

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

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

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

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Low Voltage \_\_\_\_\_

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

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

FAX OR EMAIL BACK TO SCMNJATC AT 507-361-2291

[MBAMBRICK@SCMNJATC.ORG](mailto:MBAMBRICK@SCMNJATC.ORG) and [JSTRIKE@SCMNJATC.ORG](mailto: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