

SC MN ELECTRICAL APPRENTICE REQUEST FORM

LOCAL 343

*****SHORT CALL*****

(14 calendar days, report Tuesday-Friday, may keep through 3rd weekend)

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 and 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