

EMPLOYEE FULL NAME

LABOR CODE/AGREEMENT UNDER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORK ASSIGNED BY CONTRACTOR:

LABOR CODES:	
407	ELECTRICIAN
430	WIRING SYSTEM TECH
431	WIRING SYSTEM INSTALLER

THIS PROJECT IS:		
<input type="checkbox"/> Apartment Building * R	<input type="checkbox"/> Motel/Hotel C	<input type="checkbox"/> Residential * R
<input type="checkbox"/> Bicycle Path H	<input type="checkbox"/> Nursing Facility*/Assisted Living R	<input type="checkbox"/> Road/Street/Highway/Drive H
<input type="checkbox"/> Bridge Over Nav. Water H	<input type="checkbox"/> Office/Commercial Building C	<input type="checkbox"/> School C
<input type="checkbox"/> Bridge (Any Other Type) H	<input type="checkbox"/> Paving H	<input type="checkbox"/> Site Preparation C
<input type="checkbox"/> Dormitory R	<input type="checkbox"/> Parking Lot H	<input type="checkbox"/> Treatment Plant H
<input type="checkbox"/> Hospital C	<input type="checkbox"/> Playground H	<input type="checkbox"/> Water/Sewer H
<input type="checkbox"/> Other _____		
*If you selected APARTMENT BUILDING, NURSING FACILITY or RESIDENTIAL:		
_____ # OF STORIES	KITCHEN IN EA. UNIT <input type="checkbox"/> IF YES	BATH IN EA. UNIT <input type="checkbox"/> IF YES
FUNDING: <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN		

OTHER CONTRACTORS ON THIS JOB: _____ Non-Union

_____ Non-Union

_____ Non-Union

_____ Non-Union