

# LEA Referral Request Form

**IBEW Local Union 292**

**Business Office: (612) 379-1292**

**Fax: (612) 379-9326**

[www.ibew292.org](http://www.ibew292.org)

Requests must be received in Referral Office by 3:00 p.m.

*ALL* new employees, including re-hired employees, *MUST* report to the IBEW Local Union 292 Business Office prior to start of work.

**Contractor Name:** \_\_\_\_\_

**Request Made by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **D.O.B .:** \_\_\_\_\_

**Insurance:**

**New Hire**

**Re-hire:**

**IBEW Office Use Only**

Initiation Date: \_\_\_\_\_

Vacation Accrual Date: \_\_\_\_\_

Health Care Eligibility: \_\_\_\_\_