**Request for Special Position**

**Or**

**Non- Signatory Clearance Form**

**Working Dues Non-Working Dues**

**Date:                            Applying For: Special Non- Signatory**

**Date signed Out- Of- Work Board:**

**(Must be unemployed for a minimum 30 days to be considered (including work history) There is no guarantee of approval.)**

**Member’s Name:                                              UA/SIN#:**

**Member’s Contact Phone #:                               Email:**

**Company of Hire:                              Site: Position:**

**Is the Company Signatory? Yes: No: Start Date:**

**Are benefits being submitted on your behalf? Yes: No:**

**Expect Term of Employment:**

***I understand and agree that approval for this action is subject to adherence to the UA Local 488 Bylaws & Working Rules and the policies established to enact it. I have been supplied with a copy of the policies and am aware that the Bylaws & Working Rules are available at the Union Hall and on-line, made myself familiar with them, and agree to all stipulated conditions. Any deviation or violation of said rules and policies will result in the immediate withdrawal of this approval without notice to the member and may result in charges being filed.***

**Members initials:**

**Conditions:**

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**Members Signature:**

**Submitted by:                                        Signed by:**

**(PRINT NAME: Business Agent/ Representatives) (Business Agent/ Representative)**

**Approved by:                                        Signed by:**

**(PRINT NAME: Manager/ Assistant Manager) (Manager/ Assistant Manager)**

**Approval Denied: (Please State Reason)**

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**Signed by:**

**( Manager/ Assistant Manager/ Business Agent)**

**REACTIVATION**

**Please return this member to the Out-Of-Work Board as of today’s date as their term of employment has ended.**

**Approved for Reactivation:**

**Date:**

**Member’s Name:                                                    UA/SIN#:**

**Member’s Signature:**

**Submitted by:                                               Signed by:**

**(PRINT NAME: Business Agent/ Representative) (Manager/ Assistant Manager)**

**Policies for Alternative Employment**

1. **Application must be requested in person from a business agent or Business Representative.**
2. **If the application is approved, the member will immediately be removed from the Out- of- Work list and their dispatch abilities disabled. This will be final, and the member will not be returned to their original place on the out- of- work list for any reason.**
3. **Members applying for “Special Code” will be governed as per Bylaw 4.01 and will pay non- working dues.**
4. **Members applying for work “Non- signatory” agree to aid Union Officers in any fact- finding or other legal organizing initiatives as may be requested of them. This application shall be the process of enacting Bylaw 4.11 and governed by Bylaw 5.05. These members will pay the working dues rate.**
5. **Members working non- signatory agree to terminate such employment when requested by the Union. Failure to do so will negate this approval and the member may be subject to disciplinary action as per the Local Union Bylaws & Working Rules and the UA Constitution.**
6. **Members must re- apply if changing Contractor, Site or job location.**
7. **To re-activate the members’ dispatch privileges, they must terminate employment and meet in person a Business Agent or Business Representative for approval of such re-activation.**
8. **Members who sign Local 488 Policies for Alternatives Employment (work non-union) will submit via email a copy of their pay stub within 3 weeks of hiring to Local 488. Members not forwarding their pay stub may be charged pursuant to Article 4.11 of Local 488 Working Rules and Bylaws.**
9. **Members working in Local 488’s trade jurisdiction for Non- Signatory Contractors must communicate with Local 488 through email or phone conversation monthly and failure to do so will result in the member being charged under Section 195 of the Constitution of the United Association.**