WORKFORCE REQUEST FORM

United Association Local 488
Email: dispatch@local488.ca
Ph: (780) 452-7080
www.Local488.ca

WorkForce Job Information

Contractor Name:		Start Date:

Ordered By (All names listed will receive copies of job slips)

Name:	Name:	Name:
Email:	Email:	Email:

Requisition / Order Number	Report to (Site Contact)	Site Contact's Information
		Email:
		Phone Number:

Jobsite and Location	Orientation		Shift Type / Time
Jobsite:	Date:	Location:	Dayshift: ☐ Nightshift: ☐
Location:	Time:		Shift Start Time:

Work Schedule and Hours of Work	Project	Duration	TAP Protocol
Schedule:			Yes ☐ No ☐ Tap Details
Hours:			

Camp	Flights	LOA
Yes ◯ No ◯ Camp Information:	Yes ◯ No ◯ Flight Information:	Yes ◯ No ◯ LOA Information:

Busing	Weld Testing	Pre-Access A&D Testing
Yes ◯ No ◯ Busing Information:	**Test Location:** Site ◯ Shop ◯ Local 488 ◯	Yes ◯ No ◯ Access Code:
	Weld Test Location:	Contact Name:
	* Ensure Weld Test Request and WPS Is Attached	Contact Number:

SAFETY PREREQUISITES, QUALIFICATIONS, AND SITE SPECIFIC REQUIREMENTS - Check all that apply

- ☐ CSTS - 09
- ☐ CSTS - 2020
- ☐ PCST
- ☐ WHMIS 2015
- ☐ OSSA Regional
- ☐ CSO / BSO
- ☐ EWP / AWP
- ☐ RSAP Accepted

- ☐ OSSA / ESC Confined Space
- ☐ OSSA / ESC Fall Protection
- ☐ SCBA / SABA - Contractor Supplied
- ☐ Fectoggles / Monogoggles
- ☐ 1/2 Mask - 3M 6000
- ☐ 1/2 Mask - North 7700
- ☐ Full Face Fit Test
- ☐ Must book fit test if on RSAP

- ☐ Long Sleeves Required
- ☐ Direct Deposit
- ☐ Online Orientation
- ☐ On Site Orientation
- ☐ CSA Approved Work Boots
- ☐ Defined Heel Work Boots
- ☐ Government ID
- ☐ Driver's License

- ☐ Climbing
- ☐ Clean Shaven

Agreement Type

- ☐ Commercial
- ☐ Industrial
- ☐ G.P.M.A
- ☐ N.M.A
- ☐ Other:

OTHER REQUIREMENTS NOT LISTED ABOVE INCLUDING WELDING TICKET SPECIFICATIONS

Name / Manpower #	Trade	Level	Additional Info	List Hire	Name Hire	Transfer
				◯	◯	◯
				◯	◯	◯
				◯	◯	◯
				◯	◯	◯
				◯	◯	◯
				◯	◯	◯
				◯	◯	◯
				◯	◯	◯

ADDITIONAL COMMENTS OR INFORMATION

TOTAL NAME HIRE / TRANSFER	0	TOTAL LIST HIRES		TOTAL	