

IBEW LOCAL 46 SALTING REPORT

(Enter Information in the GRAYED out areas by clicking on the box. You can TAB through the form. You can reduce the screen size to 80% if that would make it easier to view.)

| | | | | | | | |
|--|-------------|--|--------------------------------|--|--------|----------|--------|
| NAME: | | PHONE: | | CELL: | | | |
| ADDRESS: | | CITY: | STATE: | ZIP: | | | |
| SSN# | UNION CARD# | DISPATCH BOOK# 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | REG# | | | |
| EMPLOYER: | | ADDRESS | | PHONE | | | |
| YOUR PAY SCALE FROM EMPLOYER: \$ | | DATE OF HIRE: | PAY PERIOD ENDING DATE: | | | | |
| JOBSITE NAME & ADDRESS: | | | | | | | |
| TYPE OF WORK YOU ARE DOING ON YOUR JOB: | | | | | | | |
| NORMAL JOBSITE HOURS: START: BREAK: LUNCH: BREAK: STOP: | | | | | | | |
| DOES YOUR EMPLOYER HAVE ANY OTHER JOBS: Where and Type: | | | | | | | |
| ATTITUDE OF EMPLOYEES. IN GENERAL, ABOUT UNION: | | | | | | | |
| JOURNEYMAN TO APPRENTICE RATIO: | | JOURNEYMAN: | APPRENTICE: | | | | |
| COMMON COMPLAINTS OF EMPLOYEES: | | | | | | | |
| | | | | | | | |
| OTHER CONTRACTORS ON THE JOB (GENERAL, HVAC, PLUMBERS, ETC.) | | | | | | | |
| | | | | | | | |
| LIST ALL THE FOLLOWING: | | | | | | | |
| 1) CO-WORKERS (NOT PREVIOUSLY LISTED) AND THEIR POSITIONS; | | | | | | | |
| 2) WORK TIME / BREAK TIME CONVERSATIONS AND ANTI-UNION STATEMENTS WITH TIME, DATE AND PHYSICAL LOCATION; | | | | | | | |
| 3) BACKGROUND OF CO-WORKERS AND FORMER IBEW STATUS; | | | | | | | |
| 4) ANY OTHER PERTINENT INFORMATION. USE CONTINUATION SHEET IF NECESSARY. | | | | | | | |
| | | | | | | | |
| SALT SIGNATURE: | | CHECK ONE | WIRE: <input type="checkbox"/> | S&C <input type="checkbox"/> | OTHER: | | |
| HOURS WORKED | | | | | | | |
| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| DATE | | | | | | | |
| HOURS | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | |
| ORGANIZER'S NAME: | | | | SUBSIDY: HRS@ \$ | | | |
| ORGANIZER'S SIGNATURE: | | | | /HR | | | |
| APPROVED BY BUSINESS MANAGER: | | | | STIPEND: FOR | | | |
| DATE PAYROLL PROCESSED: | | | | WKS=\$ | | | |
| | | | | IF MORE THAN ONE (1) TIMECARD, SEE TOTAL BELOW: | | | |
| | | | | TOTAL HOURS / DOLLARS: | | | |

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CONTINUATION SHEET

LIST ALL THE FOLLOWING:

1) CO-WORKERS (NOT PREVIOUSLY LISTED) AND THEIR POSITIONS;

2) WORK TIME / BREAK TIME CONVERSATIONS AND ANTI-UNION STATEMENTS WITH TIME, DATE AND PHYSICAL LOCATION;

3) BACKGROUND OF CO-WORKERS AND FORMER IBEW STATUS;

4) ANY OTHER PERTINENT INFORMATION. USE A SEPARATE SHEET IF NECESSARY.

RULES FOR SALTING

1. You must have a current Salting Agreement, specific to the contractor that you are salting, signed and on file with the Local 46 Organizing Department.
2. You are to work to the best of your ability, in a lawful manner, in accordance with the Salting Agreement, under the direction of the Local 46 Organizing Department.

SALTING REPORTS

3. Salting Reports must be filled out ENTIRELY and sent to the IBEW Local 46 Organizing Department each week, even if you are salting in another jurisdiction.
4. Reports can be mailed, faxed, e-mailed, or delivered in person to the IBEW Local 46 Organizing Department.

Mailing address is:

IBEW Local No. 46
Attention Organizing
19802 62nd St S
Kent, WA 98032
Fax # 253-872-7059

Phone # 253-395-6500

e-mail: salt@ibew46.com

5. If you give us your e-mail address, we can send you a Salting Report as an attachment.

DUES

6. Salts must stay current with all dues. You will not be billed.

DISPATCH NUMBERS

7. Your Dispatch number will be re-signed for you while salting. If you do not turn in weekly reports, then you are not salting.
8. You are responsible to re-sign your dispatch number for the first two weeks after you begin salting.
9. **The Dispatch Office will not give confirmation of "available for work" to the Employment Security Office for salts.**

NOTIFICATION WHEN THE JOB IS OVER

10. You must, to the best of your ability, give a two (2) week notice to the non-union employer before quitting their employ.
11. You are required to notify the IBEW Local 46 Organizing Department within three (3) days after leaving your salting job. Your Dispatch number will not be unfrozen until the Organizing Department receives this notification.