IBEW LOCAL 46

Work Recovery Program

SMALL WORKS – MOU

Job Won Notification

JOB NOT TO EXCEED 7,500 HOURS.

**THIS FORM <u>MUST</u> BE FILLED OUT AND <u>EMAILED</u> TO

WRP@IBEW46.COM

BEFORE START OF JOB.

ALL INFORMATION IS REQUIRED!

						
BID DATE:				IBEW Loca	I 46 JOB # S	w
PROJECT OWNER:						
JOB NAME:						
JOB LOCATION:						
JOB START DATE:	MO	DAY	YR			
JOB FINISH DATE:	МО	DAY	YR			
ESTIMATED NUMBER OF	JOURNEY	MEN REQ	UIRED:			
ESTIMATED JOURNEYMA	N MAN-HO	DURS				
ESTIMATED NUMBER OF	APPRENT	ICES REQ	UIRED:			
ESTIMATED APPRENTICE	MAN-HOU	URS				
YOUR CONTRACTOR'S NA	AME:					
YOUR CONTRACTOR COM	NTACT PE	RSON:				
TITLE:						
STREET ADDRESS:						
CITY / STATE / ZIPCODE						
CONTACT PHONE:						
EMAIL:						
	_			ORK ON PROJECT: IW or APPRENTICE		
EMPLOYEE'S FULL NAME	Ē				JW	APPRENTICE
		CONTIN	IUED ON BA	CK PAGE		

EMPLOYEE'S FULL NAME	JW	APPRENTICE