

ATTACHMENT B-1 – WORKFORCE DISPATCH REQUEST FORM

The City of San Diego’s Project Labor Agreement for Pure Water Program Phase I Projects establishes a goal of at least thirty-five percent (35%) of the total craft hours on each Covered Project be performed by City Residents. The Unions and Contractors agree that, to the extent allowed by law, and as long as they possess the requisite skills and qualifications, City Residents shall be first referred for Project Work. A “City Resident” is defined as a City of San Diego permanent resident at the time of initial employment on a Covered Project or a Veteran residing anywhere.

*The list of qualifying zip codes for City Residents includes: 92014, 92037, 92038, 92067, 92093, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92113, 92114, 92115, 92116, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92132, 92134, 92137, 92138, 92139, 92145, 92154, 92166, 92167, 92169, 92171, 92173, 92177.

C O N T R A C T O R U S E O N L Y

Please complete and fax or email this form to the applicable union to request craft workers that fulfill the hiring requirements for this project. After faxing your request, please call the Local to verify receipt and substantiate their capacity to furnish workers as specified below. Please print your Fax or Email Transmission Verification Reports and keep copies for your records.

TO:	Local Union and #	
	Email	
	Fax	

CC:	City of San Diego Project Labor Coordinator	
	Email	
	Fax	

FROM:	Contractor	
	Issued by	
	Email	
	Phone	
	Fax	

UNION CRAFT WORKER REQUEST:

Craft Classification	Journey person or Apprentice	City Resident and/or Veteran	# of Workers
	<input type="checkbox"/> JM <input type="checkbox"/> APP	YES*	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	YES*	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	YES*	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	YES*	

WORKER REPORTING INSTRUCTIONS:

Reporting Date:	
Reporting Time:	
Project Name:	
Project Location:	
Reporting To:	
On Site Phone:	
Special Instructions:	

U N I O N U S E O N L Y

Please complete the “Union Use Only” section and fax or email both pages to the requesting Contractor and Project Labor Coordinator.

Date Dispatch Received:	
Dispatch Received by:	

Date Worker(s) Dispatched:			
Name	Veteran (Y/N)	Zip Code	JM or App
			<input type="checkbox"/> JM <input type="checkbox"/> APP
			<input type="checkbox"/> JM <input type="checkbox"/> APP
			<input type="checkbox"/> JM <input type="checkbox"/> APP
			<input type="checkbox"/> JM <input type="checkbox"/> APP