

ATTACHMENT "F" – JOB TRACKING FORM

SOUTHERN INDIANA MARKET RECOVERY JOB TRACKING FORM

JOB REPORTING REQUIREMENTS

When an employer is successful in securing work under the terms of this Agreement, the employer shall complete and forward copies of the SOUTHERN INDIANA MARKET RECOVERY JOB TRACKING FORM to the Union, the IBEW Sixth District Office, and the Midwestern Region NECA Office within 30 days of completion of the project.

Project Information:

Project Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contractor Awarded Project: _____

Start Date: _____

Completion Date (Estimated): _____

Manpower Information:

Number of Workers used at Peak:

JW: _____ Apprentices: _____

CW: _____ CE: _____

RW: _____ RA: _____

Other: _____

Total Bargaining Unit Man-Hours Worked On This Project: _____

Additional Information:

Name of Person Completing This Report: _____

Title: _____

Email: _____

Phone: _____

Form Return Information:

Save form locally and return copies to the Union and NECA Chapter (Contact Information – Page 10 of Agreement). Also send copies by email or fax to the IBEW Sixth District and the Midwestern Region of
NECA