

WORKFORCE DISPATCH REQUEST FORM

San Diego County Water Authority Project Labor Agreement

The San Diego County Water Authority (“Water Authority”) Project Labor Agreement (“PLA”) established a goal that at least sixty percent (60%) of the total construction craft hours worked on each Covered Project be performed by Local Workers. The Water Authority PLA also establishes a goal that at least fifteen percent (15%) of the total construction craft hours worked on each Covered Project be performed by Targeted Workers. The Unions and Contractors agree that Local Workers and Targeted Workers shall be first referred for Covered Projects.

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

Please complete and fax/email this form to the applicable union in order to request craft workers that fulfill the hiring requirements for this project. After faxing/emailing your request, please call the local union to verify their receipt of the form and to determine their capacity to furnish workers specified below. Please print and retain a copy of each fax or email transmission for your records and to demonstrate compliance with the hiring goals established under the PLA.

TO:	Local Union and #	
	Email/Fax	
	Phone	
CC:	Project Labor Coordinator	
	Email/Fax	
FROM:	Contractor	
	Issued by	
	Email/Fax	
	Phone	

UNION CRAFT WORKER REQUEST:

Craft Classification	Journey person or Apprentice	Local Worker and/or Veteran	Targeted Worker	No. of Workers Requested
	<input type="checkbox"/> JP <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JP <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JP <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JP <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JP <input type="checkbox"/> APP	*	**	
Total Number of Workers Requested:				

In accordance with the PLA, Article 4, Union Recognition and Employment, we are requesting the union:

- * Please provide priority referral of Local Workers, based on zip code residence, as described on the following page, or veteran status.
- ** Please provide priority referral of Targeted Workers, to the extent such status is known by the hiring hall or referral source. See list of criteria on the following page.

WORKER REPORTING INSTRUCTIONS:

Reporting Date:		Reporting Time:	
Reporting To:		On Site Phone:	
Project Name:			
Project Location:			
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:	JM or App	Veteran	Local Worker? *	Zip Code	Targeted Worker? *	Targeted Category**
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

* PLEASE NOTE: By marking the "No" box for either the "Veteran", "Local Worker", and "Targeted Worker" categories you are certifying, on behalf of the Union, that the Union has exhausted all reasonable efforts to identify and dispatch such Veteran, Local Worker, or Targeted Worker.

** Please indicate number of the Targeted Worker category (a through k, as shown below). You may indicate multiple categories per worker.

A **Local Worker** means construction craft workers residing within the Water Authority Service Area (zip list below)

91901	91935	92008	92025	92055	92069	92093	92107	92116	92126	92139
91902	91941	92009	92026	92056	92071	92096	92108	92117	92127	92140
91906	91942	92010	92027	92057	92075	92101	92109	92119	92128	92145
91910	91945	92011	92028	92058	92078	92102	92110	92120	92129	92154
91911	91950	92014	92029	92059	92081	92103	92111	92121	92130	92161
91913	91977	92019	92036	92061	92082	92104	92113	92122	92131	92173
91914	91978	92020	92037	92064	92083	92105	92114	92123	92134	92182
91915	92003	92021	92040	92065	92084	92106	92115	92124	92136	92672
91917	92007	92024	92054	92067	92091					

A **Targeted Worker** is any individual who qualifies for one or more of the following conditions at the initial time of their employment on a Covered Project:

- a) Is a Veteran;
- b) Is an Apprentice with less than fifteen percent (15%) of the work hours required for completion of the Apprenticeship Program
- c) Has no high school diploma or general education diploma (GED)
- d) Is homeless or has been homeless within the last year;
- e) Is a former foster youth;
- f) Is a custodial single parent;
- g) Is experiencing protracted unemployment (defined as receiving unemployment benefits for at least three months);
- h) Is a current recipient of government cash or food assistance benefits;
- i) Has documented income at or below 100 percent of the Federal Poverty Level as defined by the Department of Health and Human Services;
- j) Is formerly incarcerated; or
- k) Is a graduate of an apprenticeship readiness program approved to use the MC3

[This form is not intended to replace a Union's Dispatch or Referral Form normally given to the employee when being dispatched to the jobsite.]