

**LOCAL 131 I.B.E.W. PERSONNEL FAX REQUEST FORM I**  
**269-382-1762**  
**269-382-4810 FAX**

**DATE:** \_\_\_\_\_ **EMPLOYER REQUESTING PERSONNEL:** \_\_\_\_\_

**REQUEST MADE BY:** \_\_\_\_\_

**REPORT DATE:** \_\_\_\_\_

**REPORT TO:** \_\_\_\_\_ (job, shop, foreman, etc.)

**JOB DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QTY**

\_\_\_\_\_ **INSIDE JOURNEYMEN**

\_\_\_\_\_ **APPRENTICES**            **% IF AVAILABLE** \_\_\_\_\_

\_\_\_\_\_ **CONSTRUCTION ELECTRICIANS**

\_\_\_\_\_ **CONSTRUCTION WIREMEN**

\_\_\_\_\_ **RESIDENTIAL WIREMEN**

\_\_\_\_\_ **RESIDENTIAL TRAINEE**

**FOREMAN BY NAME:** \_\_\_\_\_

**RECALL—BOOK 1** \_\_\_\_\_  
\_\_\_\_\_

(AFTER 60 DAYS ATTACH A COPY OF U.I. CLAIM FORM)

**JOURNEYMAN REQUIREMENTS/SPECIAL SKILLS (i.e. WELDER, NICET, ETC.)**

\_\_\_\_\_ **MI. STATE LICENSE REQUIRED**

\_\_\_\_\_ **B.A.T. REGISTRATION REQUIRED**

\_\_\_\_\_ **DRIVERS LICENSE REQUIRED**

\_\_\_\_\_ **DRUG TESTING REQUIRED**

\_\_\_\_\_ **STEEL TOE/ SAFETY SHOES**

\_\_\_\_\_ **BACKGROUND CHECK**

\_\_\_\_\_ **O.S.H.A. 10**

**OTHER REQUIREMENTS PLEASE SPECIFY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_