

IBEW LOCAL 1245 MANPOWER REQUEST FORM

Senior Assistant Business Manager- Ralph Armstrong

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Today's Date:	_____	Type of Request:	_____
Contractor:	_____	Time:	_____
Your Name:	_____	Your Phone No:	_____
Date to Report:	_____	Length of Job:	_____
Subsistence:	_____	Type of Job:	_____
Report To:	_____	Job Phone:	_____
Show up Location:	_____		

DAYS OF WORK: ☐ M-TH ☐ M-FR ☐ M-SA ☐ TU-FR HOURS: _____ TO: _____

Request for:

****DISPATCH ONLY****

Enter Organizing Request Number Below:

For Dispatch Only: Job # _____ Contractor Code: _____

Special Skills: _____

NOTE: Please attach a completed Pre-Job form, if you have not done so previously. We will contact you to confirm receipt of this request. If you do not hear from us by 9:00 a. m., please contact us for confirmation

Email : _____