



**REQUEST for SPECIAL POSITION
or
WORKING NON-SIGNATORY**

AVAILABLE TO UA LOCAL UNION # 488 MEMBERS ONLY

PLEASE PRINT LEGIBLY

DATE: _____ Applying for: SPECIAL NON-SIGNATORY

MEMBER NAME: _____ UA# /SIN: _____

Member Contact Phone: _____ EMAIL: _____

COMPANY of Hire: _____ Position: _____

Is the company Signatory? YES: NO: Start Date: _____

Are Benefits being submitted on your behalf? YES: NO:

Expected Term of Employment: _____

I understand and agree that approval for this action is subject to adherence to the UA Local 488 Bylaws & Working Rules and the policies established to enact it. I have been supplied with a copy of the policies and am aware that the Bylaws & Working Rules are available at the Union Hall and on-line, made myself familiar with them, and agree to all stipulated conditions. Any deviation or violation of said rules and policies will result in the immediate withdrawal of this approval without notice to the member and may result in charges being filed.

Members initials: _____

POLICIES FOR ALTERNATE EMPLOYMENT

1. Application must be requested in person from a Business Agent or Business Representative.
2. If the application is approved, the member will **immediately** be removed from the out-of-work list and their dispatch swipe card disabled. This will be final and the member will not be returned to their original place on the out-of-work list for any reason.
3. Members applying for "Special Code" will be governed as per Bylaw 4.01 and will pay non-working dues.
4. Members applying to work "Non-signatory" agree to aid Union Officers in any fact-finding or other legal organizing initiatives as may be requested of them. This application shall be the process for enacting Bylaw 4.11 and governed by Bylaw 5.05. These members will pay the working dues rate.
5. Members working non-signatory agree to terminate such employment when requested by the Union. Failure to do so will negate this approval and the member may be subject to disciplinary action as per the Local Union Bylaws & Working Rules and the UA Constitution.
6. To re-activate the members' dispatch swipe card, they must terminate employment and meet in person with a Business Agent or Business Representative for approval of such re-activation. (see over)

Member Signature: _____

Submitted by: _____
(PRINT NAME: Business Agent / Representative)

Signed by: _____
(Business Agent / Representative)

Approved by: _____
(PRINT NAME: Business Manager/Asst. Business Manager)

Signed by: _____
(Business Manager/Asst. Business Manager)

NOT APPROVED (Please state reasons):

Submitted by: _____ Signed by: _____
(PRINT NAME: Business Agent / Representative) (Business Agent / Representative)

DATE: _____

REACTIVATION

Please return this member to the out-of-work board as of today's date as their term of employment as ended.

APPROVED FOR REACTIVATION:

DATE: _____

Member Name: _____ UA# /SIN: _____

Member Signature: _____

Submitted by: _____ Signed by: _____
(PRINT NAME: Business Agent / Representative) (Business Agent / Representative)

RESCIND / VOID APPROVAL

This agreement is voided and approval is withdrawn, effective _____ for the following reasons: (Date)

Submitted by: _____ Signed by: _____
(PRINT NAME: Business Agent / Representative) (Business Agent / Representative)

DATE: _____