



WORKFORCE REQUEST FORM

United Association Local 488

Email : dispatch@local488.ca

Ph: (780) 452-7080



Workforce Job Information

Requested By (All names listed will receive copies of job slips, please note only 3 separate contacts may be listed)

Name		Name		Name	
Email		Email		Email	
Requisition / Order Number		Report to (Site Contact)		Site Contact's Information	
				Email:	
				Phone Number:	
Jobsite and Location		Orientation		Shift Type / Time	
Jobsite:		Date:		Location:	Dayshift <input type="checkbox"/> Nightshift <input type="checkbox"/>
Location:		Time:		Shift Start Time:	
Work Schedule and Hours of Work		Project	Duration	TAP Protocol	
Schedule:				Yes <input type="checkbox"/> No <input type="checkbox"/> TAP Details (write N/A if not applicable)	
Hours:					
Camp:		Flights:		LOA:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Camp Conditions : (Check in / out requirements, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Flight Details (Write N/A if not applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	LOA Details (Write N/A if not applicable)
Busing:		Weld Testing		Pre-Access A&D Testing	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Specific Bussing Details (Write N/A is not applicable)	Test Location: Site	Shop	Local 488*	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Weld Test Location:		Pre-access A&D Testing Instructions:	
		*Ensure weld test request is attached		Contact Name / Number:	
				Access Code:	

SAFETY PREREQUISITES, QUALIFICATIONS, AND SITE SPECIFIC REQUIREMENT – Check off those that apply

CSTS – 09 WHMIS 2015 OSSA / ESC Confined Space OSSA / ESC Fall Protection Half Mask Fit Test* * Half Mask Type Full Face Fit Test** **Must book fit test if on RSAP	CSTS - 2020 CSA Approved Work Boots Long Sleeve required No Hoodies Allowed Online Orientation On Site Orientation OSSA Regional CSO/BSO	PCST EWP / AWP Government ID Driver's License Clean Shaven Site Fectoggles/Monogoggles Climbing Defined Heel Work Boots	SCBA / SABA - Contractor Supplied RSAP Accepted Agreement Type Commercial Industrial G.P.M.A N.M.A Other (Specify) :
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OTHER REQUIREMENTS NOT LISTED ABOVE INCLUDING WELDING TICKET SPECIFICATIONS

Name/ Manpower #	Trade	Level	Additional Information	List Hire	Name Hire	Transfer

ADDITIONAL COMMENTS OR INFORMATION

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Total Name Hire/Transfer		Total List Hires		Total Workforce Requested	
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