

**WASHINGTON & NORTHERN IDAHO DISTRICT COUNCIL OF LABORERS
WORK RECOVERY PROGRAM REQUEST FORM
*****Fax to (425) 741-2787*******

EMPLOYER REQUEST INFORMATION

Requested By (Name & Address of Contractor): _____

Contact Person: _____ Title: _____ Phone: _____ Fax: _____

Name & Address of Project: _____

Type of Work and Description of Project: _____

Scheduled Bid Date: _____ Time: _____ Est. Start Date: _____ Est. Finish: _____ Est. Amt. Of Project: _____

Project Owner's Name and Address: _____

Bid Submitted To: Owner: _____ General Contractor(s): _____ Name(s): _____

Estimated Number of Laborer Manhours: _____ (Include apprentice & laborer foremen hours and all laborer hours worked by fully signatory subcontractors on the project.)

List of Known Union Bidders

- 1. _____
- 2. _____
- 3. _____

List of Known Non-Union Bidders

- 1. _____
- 2. _____
- 3. _____

If additional space is needed, please include another sheet

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

*****To Be Completed By Local Union*****

Are other crafts granting assistance on the project? Yes _____ No _____ If yes, please list: _____

Other information available on the project: _____

Local Union: _____ Recommendation---Target? Yes _____ No _____ If yes, amount: _____ per hour times _____ hours

Additional comments: _____

FOR DISTRICT COUNCIL USE ONLY

APPROVED BY: _____

REJECTED FOR: _____

FAXED TO: _____

DATE: _____