

Crafts Personnel Requisition

To: Business Agent	Date:	Craft:
From: Subcontractor	Subcontractor Representative:	

Classification	Number Requested	Number Ordered	Process Date	Report Date	Reordered	Process Date	Report Date	Additional Information
Journey Workers								
Welders								
Apprentices								
Nonjourney Workers								

Total Ordered			Special Skills, Qualifications or Requirements					
YES	NO	REQUIREMENTS	Area Assignment					
<input type="checkbox"/>	<input type="checkbox"/>	Must Meet Radiation Criteria	If a reinstatable Security Clearance is required, give specific reasons why.					
<input type="checkbox"/>	<input type="checkbox"/>	Must Meet Respirator Criteria						
<input type="checkbox"/>	<input type="checkbox"/>	Must Have/Pass Core						
<input type="checkbox"/>	<input type="checkbox"/>	Must Have/Pass GET						
<input type="checkbox"/>	<input type="checkbox"/>	Must Have/Pass RWT						
<input type="checkbox"/>	<input type="checkbox"/>	Must Have NCCO						
			NCCO REQUIREMENTS					
				YES	NO		YES	NO
			LB Crawler	<input type="checkbox"/>	<input type="checkbox"/>	Large T	<input type="checkbox"/>	<input type="checkbox"/>
			LB Truck	<input type="checkbox"/>	<input type="checkbox"/>	Small T	<input type="checkbox"/>	<input type="checkbox"/>

REQUISITION FILLED BY			
Name	Date	Name	Date
1		10	
2		11	
3		12	
4		13	
5		14	
6		15	
7		16	
8		17	
9		18	

This is to confirm a verbal request by _____ to _____
Subcontractor Representative
Union Representative

_____ on _____
Union and Number
Day/Time
Date

Reordered by _____ to _____ on _____
Date