

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	NCCO REQUIREMENTS							
<input type="checkbox"/>	<input type="checkbox"/>	Must Have NCCO			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