

Crafts Personnel Requisition

To: Business Agent Click here to enter text.	Date: Click here to enter text.	Craft: Click here to enter text.
From: Subcontractor Click here to enter text.	Subcontractor Representative: Click here to enter text.	

Classification	Number Requested	Number Ordered	Process Date	Report Date	Reordered	Process Date	Report Date	Additional Information
Journey Workers	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Welders	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Apprentices	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-journey Workers	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total Ordered	Click here to enter text.	Click here to enter text.	Special Skills, Qualifications or Requirements Click here to enter text.					

<table style="width: 100%;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td style="width: 15%;">REQUIREMENTS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Must Meet Radiation Criteria</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Must Meet Respirator Criteria</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Must Have Pass/Core</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Must Have/Pass GET</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Must Have/Pass RWT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Must Have NCCO</td> </tr> </table>	YES	NO	REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	Must Meet Radiation Criteria	<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	<p>Area Assignment Click here to enter text.</p> <p>If a re-instatable Security Clearance is required, give specific reasons why. Click here to enter text.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: left;">NCCO REQUIREMENTS</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="width: 20px;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: right;">LB Crawler</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">Large T</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">LB Truck</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">Small T</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	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"/>
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REQUISITION FILLED BY			
Name	Date	Name	Date
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3 Click here to enter text.	Click here to enter text.	12 Click here to enter text.	Click here to enter text.

	<u>text.</u>		<u>text.</u>
4 <u>Click here to enter text.</u>	<u>Click here to enter text.</u>	13 <u>Click here to enter text.</u>	<u>Click here to enter text.</u>
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9 <u>Click here to enter text.</u>		18 <u>Click here to enter text.</u>	

This is to confirm a verbal request by Click here to enter text. To Click here to enter text.
Subcontractor Representative Union Representative

Click here to enter text. On Click here to enter text.
Union and Number Date

Reordered by Click here to enter text. Click here to enter text. /Date