

JOB-REFERRAL ASSIGNMENT LOCAL UNION 43, IBEW

Date: _____

Name _____ Social Security # _____ Card # _____
Classification _____ Rate of Pay (Syracuse) _____ (Oswego) _____

Referral Information

Employer _____ Jobsite / Location _____
Report Date _____ Report Time _____ Report to _____
Foreman _____ Special Conditions _____

Prepared By _____ Accepted By _____

Termination Information

Hire Date _____ Rejected By _____ Title _____
Date of Termination _____ Type of Termination _____ Eligible for Re-hire _____
Reason for Termination _____
Duration of Employment _____ Employer Rep. _____



WHITE COPY-EMPLOYEE

GREEN COPY-EMPLOYER

YELLOW COPY-UNION