

ATTACHMENT 3B

**ATTACHMENT B – Employee Craft Request Form**

COUNTY OF SANTA BARBARA  
PROJECT STABILIZATION AGREEMENT  
CRAFT REQUEST FORM

**TO THE CONTRACTOR:** Please complete and fax this form to the applicable union to request craft workers that fulfill the hiring requirements for this project. After faxing your request, please call the Local Union to verify receipt and substantiate their capacity to furnish workers as specified below. Please print your Fax Transmission Verification Reports and keep copies for your records.

The County of Santa Barbara Project Stabilization Agreement establishes a good faith effort that a minimum of 45% of all of the labor and craft positions shall be from workers residing: first, in the County of Santa Barbara, second, the County of Ventura or the County of San Luis Obispo, and third, from any other area. For Dispatch purposes, employees residing within any of the first two (2) areas shall be referred to as local residents.

**TO THE UNION:** Please complete the “Union Use Only” section on the next page and fax this form back to the requesting Contractor. Be sure to retain a copy of this form for your records.

**CONTRACTOR USE ONLY**

**To:** Union Local # \_\_\_\_\_ **Fax#** ( ) \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Cc:** Project Manager  
**From:** Company: \_\_\_\_\_ **Issued By:** \_\_\_\_\_  
 Contact Phone: ( ) \_\_\_\_\_ **Contact Fax:** ( ) \_\_\_\_\_

**PLEASE PROVIDE ME WITH THE FOLLOWING UNION CRAFT WORKERS.**

Craft Classification ( i.e., plumber, painter, etc.)	Journeyman or Apprentice	Number of workers needed	Report Date	Report Time
<b>TOTAL WORKERS REQUESTED =</b> _____				

Please have worker(s) report to the following work address indicated below:

**Project Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Report to:** \_\_\_\_\_

**On-site Tel:** \_\_\_\_\_ **On-site Fax:** \_\_\_\_\_

**Comment or Special Instructions:** \_\_\_\_\_

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CRAFT REQUEST FORM (Page 2)

**UNION USE ONLY**

Date dispatch request received:
Dispatch received by:
Classification of worker requested:
Classification of worker dispatched:

**WORKER REFERRED**

Name:		
County of Residence:		
Date worker was dispatched:		
Is the worker referred a: <span style="float: right;">(check all that apply)</span>		
JOURNEYMAN	Yes _____	No _____
APPRENTICE	Yes _____	No _____
LOCAL RESIDENT	Yes _____	No _____
GENERAL DISPATCH FROM OUT OF WORK LIST	Yes _____	No _____

[This form is not intended to replace a Local Union's Dispatch or Referral Form normally given to the employee when being dispatched to the jobsite.]

Once completed send a copy to:

- County of Santa Barbara c/o Project Manager John Green
- Tri-Counties Building and Construction Trades Council c/o Tony Skinner