

PRE-JOB CONFERENCE REPORT FOR:

NAME OF AGREEMENT: _____

DATE: _____ TIME: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

OWNER: _____

LIUNA INTERNATIONAL REPRESENTATIVE: _____

LOCAL UNION REP: _____ STEWARD: _____

CONTRACTOR REPRESENTATIVE: _____

SUPERINTENDENT: _____

JOB LOCATION: _____ PHONE: _____

STARTING DATE: _____ COMPLETION DATE: _____

HOURS OF WORK: _____ DAYS PER WEEK: _____

NUMBER OF LABORERS: _____ FRINGE RATE: _____

LOCAL UNION: _____

SUBCONTRACTOR: _____

ADDRESS: _____ PHONE: _____

TYPE OF WORK SUBBED: _____

COMMENTS: _____

KEY EMPLOYEES

NAME

SS#

JOB CLASSIFICATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____