



CUSW DISPATCH - HELP REQUEST FORM

Send requests to: request@cusw.ca or fax: 416-240-9970

THE CANADIAN UNION
OF SKILLED WORKERS

EMAIL: request@cusw.ca
FAX: 416-240-9970
TOLL FREE: 1-800-376-8539
PHONE: 416-240-7259
www.cusw.ca

Employer: _____

Tel: _____ Fax: _____

Trade Classification:	Number Required:	Start Date:	Duration of work:	Work location (site or station):
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Reporting location:	Reporting time:	Hours per week: <input type="checkbox"/> 5 days 8 hrs/ Other: _____ <input type="checkbox"/> 4 days 10 hrs/ _____	Requirements first day:
Report to:			<input type="checkbox"/> SIN <input type="checkbox"/> Blank cheque (for direct deposit) <input type="checkbox"/> Trade certificates(s) <input type="checkbox"/> Board & Travel documents

Conditions of employment:

- Proof of legal status
- Picture ID
- Medical
- Approved safety glasses
- Approved footwear
- Nuclear Energy Worker
- Trade certificates (C of Q)
- Security check
- Tools (members supply tools as per CA)
- WHIMIS certificate
- Other licences required (please list. ie. AZ, Fire Alarm) _____

Scope of work:

Specific demands (ie. climbing, working at heights, outdoor work etc.):

Requested by:	Contact #:	Date:
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Notes/comments: