

ATTACHMENT "D"

TRACKING FORM

Project Information:
Name of Project: _____
Project Address: _____
State: _____ County: _____

Contractor Awarded Project: _____
Employers Home Local: _____
Estimated Start Date of Project: _____
Estimated Completion Date of Project: _____

Form Return Information:

Save Form Locally and Return Copy to IBEW Local 305 Offices VIA:

E-mail: DSADE@IBEW305.ORG

Fax: (260) 483-8828

Recovery Agreement Information:
If Local Union Provide Target Funds To Get This Project, Provide the Following: Target Hourly Rate: _____
And / Or Target Lump Sum: _____
Man-Power Information: Peak Classifications Used:
JW: _____ Apprentices: _____ CW: _____ CE: _____
Other Classification Name(s): _____
Total Bargaining Unit Man-Hours Worked On This Project: _____

Form Submitter Information:
Employer/Union Rep Filling Out This Report: Title: _____
Local Union Jurisdiction Where Project is Located: _____
Comments: _____