



ATTACHMENT B-1 – Workforce Dispatch Request Form
 San Diego Association of Governments Community Benefits Agreement

The San Diego Association of Governments (SANDAG) Community Benefits Agreement (CBA) establishes a goal of at least thirty percent (30%) of the total craft hours on each Covered Project being performed by Disadvantaged Workers. The SANDAG CBA also establishes a goal of at least ten percent (10%) of the total craft hours on each Covered Project being performed by Targeted Workers. The Unions and Contractors agree that Disadvantaged Workers and Targeted Workers shall be first referred for Covered Projects when requested through use of this Workforce Dispatch Request Form.

C O N T R A C T O R U S E O N L Y

Please complete and fax/email this form to the applicable union to request craft workers that fulfill the hiring requirements for this project. After faxing/emailing your request, please call the local union to verify receipt and substantiate their capacity to furnish workers as specified below. Please print and retain copies of your fax or email transmission for your records.

TO:	Local Union and #	
	Email/Fax	
	Phone	

CC:	Project Labor Coordinator	
	Email/Fax	

FROM:	Contractor	
	Issued by	
	Email/Fax	
	Phone	

UNION CRAFT WORKER REQUEST:

Craft Classification	Journeyman or Apprentice	Disadvantaged Worker and/or Veteran	Targeted Worker	No. of Workers Requested
	<input type="checkbox"/> JM <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	*	**	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	*	**	
Total Number of Workers Requested:				

In accordance with the CBA, Article 4, Union Recognition and Employment, we are requesting the union:

* Please provide priority referral of Disadvantaged Workers, based on zip code residence as described on the following page, or veteran status.

** Please provide priority referral of Targeted Workers, to the extent such status is known by the hiring hall or referral source; see list of criteria on the following page.

WORKER REPORTING INSTRUCTIONS:

Reporting Date:		Reporting Time:	
Reporting To:		On Site Phone:	
Project Name:			
Project Location:			
Special Instructions:			



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U N I O N U S E O N L Y

Please complete the "Union Use Only" section and fax or email both pages to the requesting Contractor and Project Labor Coordinator.

Date Dispatch Received:						
Dispatch Received by:						
Date Worker(s) Dispatched:						
Name:	JM or App	Veteran	Disadvantaged Worker? *	Zip Code	Targeted Worker? *	Targeted Category**
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> JM <input type="checkbox"/> APP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

* PLEASE NOTE: By marking the "No" box for either the "Veteran", "Disadvantaged Worker", and "Targeted Worker" categories you are certifying, on behalf of the Union, that the Union has exhausted all reasonable efforts to locate and dispatch such Veteran, Disadvantaged Worker, or Targeted Worker.
 ** Please indicate number of the Targeted Worker category (a through k, as shown below). You may indicate multiple categories per worker.

A **Disadvantaged Worker** is an individual who resides in a Disadvantaged Area or a Veteran residing anywhere. Below is a list of a few Disadvantaged Area zip codes in the San Diego area.

91905	91906	91910	91911	91932	91934	91942	91945	91950	91977	92004
92020	92021	92025	92027	92036	92054	92055	92058	92061	92066	92070
92083	92086	92102	92104	92105	92113	92114	92115	92154	92173	92536

The complete list of Disadvantaged Area zip codes can be found here: www.sandag.org/cba

A **Targeted Worker** is any individual who qualifies for one or more of the following categories:

- a) Is a veteran or is the eligible spouse of a veteran of the United States armed forces under Section 2(a) of the Jobs for Veterans Act (38 U.S.C.4215[a])
- b) Is an Apprentice with less than fifteen percent of the work hours required for completion of the Apprenticeship Program
- c) Has no high school diploma or general education diploma GED
- d) Is homeless or has been homeless within the last year
- e) Is a former foster youth
- f) Is a custodial single parent
- g) Is experiencing protracted unemployment (receiving unemployment benefits for at least 3 months)
- h) Is a current recipient of government cash or food assistance benefits
- i) Has a documented income at or below 100 percent of the Federal Poverty Level
- j) Is formerly incarcerated
- k) Is a graduate of an apprenticeship readiness program approved to use the multi-craft core curriculum (MC3)

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