



DISPATCH REQUESTOR: \_\_\_\_\_  
(Contractor and Subcontractor Name)

DATE: \_\_\_\_\_

**LOCAL AND TARGETED WORKER HIRE PROGRAM**  
**00 09 12-1 CRAFT EMPLOYEE REQUEST FORM – BEST EFFORT**  
**NAME OF PROJECT**

County of Los Angeles requires the utilization of best efforts to achieve the Local Resident hire goal of 30 percent of total California Construction Labor Hours worked on the project. The available pool of Local Residents whose primary place of residence is within Tier 1 ZIP Codes, listed below, must first be exhausted in the manner specified in Section 2.01E before employing worker(s) from Tier 2 ZIP Codes (listed under Form 00 09 12-3).

**EMAIL FORM TO:**

Community Organization      Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 Local Union                      Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 GC or Sub Compliance Office:      Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 LTWHP Coordinator              Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Manager                  Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**TIER 1 RESIDENCY AREA ZIP CODES:** Local Resident Workers in these zip codes shall be first dispatched to **NAME OF PROJECT**.

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**TIER 2 RESIDENCY AREA ZIP CODES:** Local Resident Workers from these zip codes shall be referred for project work after all available qualified workers in the Tier 1 Residency Area have been exhausted to **NAME OF PROJECT**. See Form 00 09 12-3.

**CRAFT WORKER REQUEST:**

QTY#	CRAFT POSITION	JOURNEYMAN OR APPRENTICE LEVEL	LOCAL RESIDENT WORKER (TIER 1 RESIDENCY AREA)	LOCAL RESIDENT WORKER (TIER 2 RESIDENCY AREA)	DATE	TIME

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

Project Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Report to: \_\_\_\_\_  
 On-site Tel #: \_\_\_\_\_ On-site Fax: \_\_\_\_\_  
 Comment or special instructions: \_\_\_\_\_

<b>Completed by Community Service Provider Organization or Union</b>		
Received By: _____	Date Received: _____	Dispatch Date: _____
<u>Requested Dispatch</u>	<u>Available for Dispatch</u>	<u>Unavailable for Dispatch</u>
Tier 1 Residency Worker <input type="checkbox"/>		<input type="checkbox"/> *See instruction below.
Tier 2 Residency Worker <input type="checkbox"/>		<input type="checkbox"/> Qualified Targeted Worker
*Attach letter stating reason for not dispatching local and targeted worker(s) who reside in the Tier 1 and Tier 2 Preference Area zip codes.		
Print Dispatcher Name: _____	Phone: _____	