DISPATCH REQUESTOR:_____
(Contractor and Subcontractor Name)

DATE:_____

LOCAL AND TARGETED WORKER HIRE PROGRAM
00 09 12-1 CRAFT EMPLOYEE REQUEST FORM - MANDATORY
NAME OF PROJECT

County of Los Angeles requires that at least 30 percent of total California Construction Labor Hours worked on the project must be performed by a qualified Local Resident. Additionally, at least 10 percent of total California Construction Labor Hours worked on the project shall be performed by a Targeted Worker. The hours worked by a Targeted Worker who is also a Local Resident may also be applied towards the 30 percent Local Resident hiring goal. 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 and Targeted 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

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

CRAFT WORKER REQUEST:

QTY#	CRAFT POSITION	JOURNEYMAN OR APPRENTICE LEVEL	LOCAL and TARGETED WORKER (TIER 1 RESIDENCY AREA REQUIRED)	LOCAL and TARGETED WORKER (TIER 2 RESIDENCY AREA)	TARGETED WORKER	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: _____

Completed by Community Service Provider Organization or Union

Received By: _____ Date Received: _____ Dispatch Date:_____

<u>Requested Dispatch</u> <u>Available for Dispatch</u> <u>Unavailable for Dispatch</u>

Tier 1 Residency Worker ☐ ☐ *See instruction below.
Tier 2 Residency Worker ☐ ☐ 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: _____