



Laborers' International Union of North America Pre-Job Conference Report for:

Name of Agreement

DATE: _____ TIME: _____

CONTRACTOR : _____

ADDRESS: _____

PHONE: _____ FAX: _____

OWNER : _____

LIUNA INTERNATIONAL REPRESENTATIVE: _____

LOCAL UNION REP: _____ STEWARD: _____

CONTRACTOR REPRESENTATIVE: _____

SUPERINTENDENT: _____

JOB LOCATION: _____ PHONE: _____

STARTING DATE: _____ COMPLETION DATE: _____

HOURS OF WORK: _____ DAYS PER WEEK: _____

NUMBER OF LABORERS: _____ FRINGE RATE: _____

LOCAL UNION: _____

SUBCONTRACTOR: _____

ADDRESS: _____ PHONE: _____

TYPE OF WORK SUBBED: _____

COMMENTS: _____

KEY MEN

NAME	SS#	JOB CLASSIFICATION