

SEATTLE AREA EMPLOYERS WORK ORDER

Date of Order _____ Time of Order _____

Employer's Name _____

Employer's Telephone # _____ Job Telephone # _____

Report to Shop or Job? _____

If Job, Indicate Job Name _____

Location (Address) _____

Order Place By _____

of Employees Request _____

Special Qualifications _____

If License Required, Specify Type _____

If Name Call, Person Requested _____

Date to Report _____ Time to Report _____

Work Hours _____

Job Duration _____

Report to _____

Shop Steward _____

Person(s) Dispatched _____

Signature of Employer _____

DISPATCH HOURS ONLY FROM 7:30 A.M. TO 11:30 A.M.

Dispatch may be delayed if all information is not provided.