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| **RECOVERY AGREEMENT TRACKING FORM** |
| **Regional Recovery Agreements**  **JOB REPORTING REQUIREMENTS**  **When an employer is successful in securing work under the terms of this Agreement, the employer shall complete and forward to the Site Local Union and the IBEW Fourth District Office a copy of the man-hour tracking form (attachment “E”) within 30 days of completion of the project.** |

**Project Information:**

**Form Return Information:**

**Save Form Locally and Return Copy to IBEW Fourth District and the Eastern Region, NECA at:**

**E-mail:** [**IVPD\_04@ibew.org**](mailto:IVPD_04@ibew.org)

**rpare9267@aol.com**

**or**

**Fax: (216) 238-0444**

**(401) 782-9225**

**Name of Project:** Click here to enter text.

**Project Address:** Click here to enter text.

**Project City:** Click here to enter text.

**Project State:** Click here to enter text. **Project Zip:** Click here to enter text.

**Contractor Awarded Project:** Click here to enter text.

**Employers Home Local:** Click here to enter text.

**Estimated Start Date of Project:** Click here to enter a date.

**Estimated Completion Date of Project:** Click here to enter a date.

**Recovery Agreement Information:**

**Recovery Agreement Utilized To Win Project (Select One In Drop Down Box):**

Choose an item.

**If Other Selected Above List Other Methods Used To Target The Job**

**(Example: Ratios, 90%, No Shift Pay, etc.):**

Click here to enter text.

**If Local Union Provide Target Funds To Get This Project, Provide the Following:**

**Target Hourly Rate:** Click here to enter text. ***And/or* Target Lump Sum:** Click here to enter text.

**Man-Power Information:**

**Peak Classifications Used:**

**JW:** Click here to enter text. **Apprentices:** Click here to enter text.

**CW:** Click here to enter text. **CE:** Click here to enter text.

**Other Classification:** Click here to enter text. **Other Classification Name(s):** Click here to enter text.

**Total Bargaining Unit Man-Hours Worked On This Project:**

**Total Hours:** Click here to enter text. **Hours Source:** Choose an item.

**Form Submitter Information:**

**Employer/Union Rep Filling Out This Report:** Click here to enter text.

**Title:** Click here to enter text. **Date Submitted:** Click here to enter a date.

**Local Union Jurisdiction Where Project is Located:** Click here to enter text.

**Comments:**

Click here to enter text.