

# TENTH DISTRICT RECOVERY AGREEMENT PROJECT START FORM

*The employer shall submit this form by e-mail to the site Local Union within 24 hours of starting a job.*

PROJECT NAME

CUSTOMER OR AWARDING GENERAL  
CONTRACTOR

START DATE OF PROJECT

DURATION OF PROJECT

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

LOCAL UNION

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#JW

# APP

# CE

# CW

ESTIMATED HOURS  
(JW)

ESTIMATED HOURS  
(APP)

ESTIMATED HOURS  
(CE)

ESTIMATED HOURS  
(CW)

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SUBMITTING CONTRACTOR

SUBMITTERS NAME

DATE SUBMITTED

NECA CONTRACTOR

YES

NO

VARIANCE REQUESTED

YES

NO

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**Once you have completed this form, hit the "EMAIL" button below. An email will be queued up including the attached completed form addressed to the appropriate recipients. Hit "SEND" and the form will go to the Tenth District Organizing Coordinator, Tenth District IVP, appropriate Tenth International Rep., Local Union Office and NECA Chapter Manager.**

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