

(1) Copy - Workforce Acquisition: Fax (905) 839-8213

(2) File

Hydro One Networks Inc. EPSCA Contractors Help Requisition

Employer						PO / Contract Number			Requisition number	
Number required Trade classification (refer to job description)										
Report to (i.e. Supervisor)			Work location	Work location D				Duratio	Duration of work ("indefinite" not acceptable)	
Date required Reporting				ocation	and Time (f	or hire	on)			
Hours of Work: 0 5 x 8's 0 4 x 10's (Mon – Thurs) 0 4 x 10's (Tues – Fri)										
Valid licences										
O Drivers O Trade qualification O Electrical Awareness OFirst Aid OWHMIS OWorked in trade in last 3 years										
Welding tests required (please specify)										
Scope of Work										
WOIK										
Detailed	Detail Site Specific Demands below									
Physical Demand / Essential Duties	Strength/Dexterity/Mobil			ity				Work Environment		
	O Hearing		ng (kgm) ht/distance		Reading Compreher	nsion	O Inside	Work	O High Voltage Electrical	
	O Vision		O Standing for prolonged periods		O Fine Finger movement		O Outsic	le Work	O Working from lifts or swing stages	
	O Walking	O Sitting prolo	; for nged periods	0			O Confin	ed Spaces	o	
	O Lifting (kg)	O Climbi scaffo	ng ladders/ olds	0			O Rough	Terrain	0	
	O Bending	O Bending O Climbing v Heights >					O Respirators/Face Masks		o	
	_		ng vertical ng (kg)				O Operate vibrati tools/equipme			
Requisitioned by Supervisor			#:		F	ax #:			Date	
Approved by Superintendent/General Foreman/First Line Manager									Date	
If Employer/Contractor seeking clearances of their Union Trades Employees please provide names and SIN #'s below. All EPSCA/CUSW contracts are FIRM BID meaning any allowance for daily travel / board allowance will not be reimbursed by Hydro One. Contractor is still responsible to pay their employees the appropriate daily travel / board allowance rate as stipulated in the various EPSCA/CUSW collective agreements. Any questions or clarification on radius distances and the amounts to be paid, please call the Workforce Acquisition office. Referrals are reminded to provide board and travel information to show proof of financial commitment to their regular residence.										
Particulars of	Name (s)			Reporting date			SIN #		Comment	
Referrals (please use										
separate piece]				
paper if require	ed)									
Submitted by:				Submitted to union:				Da	te and Time:	
Phone#: 1-866-929-3646		Fax#: 905-839-8213		Phone#:				Fax#:		