

PROBATIONARY WORKER FORM

Name:	
SIN:	
Date of Birth:	
Full Address:	
Home Phone:	
Cell Phone:	
<u>Email Address:</u>	
<p>I, the undersigned, agree that I will work as a Probationary Worker through Labourers Union Local 615 for a period <u>of between two and four weeks which may be extended up to eight weeks</u>. During this probationary period, the hourly rate of pay will <u>be commensurate with the level of experience as outlined in Article 5.02, or as determined by the Union, with a minimum of 4% vacation & holiday pay</u>. It is also agreed that <u>the company shall deduct 2.5% work dues from the gross amount earned weekly as well as \$0.25 Organizing for each hour worked to be remitted to LIUNA Local 615</u>.</p> <p><u>At the conclusion of the probationary period, the Probationary worker will either be offered membership with the Union or dismissed.</u></p> <p>Signed at _____ this _____ day of _____, 20____.</p> <p>_____</p> <p>Signature</p>	

PROBATIONARY WORKER REPORT – BI-WEEKLY

Company Name:			
Foreman:			
Employee Name:			
Employee Address:			
Level:	1 st Level	2 nd Level	Journeyman

Performance Level:	Unacceptable	Acceptable	Good	Very Good	Outstanding
Is able to follow instructions					
Is able to pick up skills quickly					
Follows all safety regulations					
Works well with others					

Attendance Level:	Please circle response	
Has the worker been late?	YES	NO
Has the worker missed time?	YES	NO
If worker missed time, did they call in to report reason for missed time?	YES	NO
How often is the worker late or has missed time?	Frequently	Occasionally
Is the worker willing to work overtime?	YES	NO

Additional Comments:

To be submitted to the Union every 2 weeks from commencement of employment. Failure to fill out and remit report may result in Contractor not being eligible to utilize Probationary worker clause in the future.