



Citywide Project Labor Agreement (PLA) Pre-Job Conference Form

In accordance with PLA Article 16, each Contractor is required to conduct a Pre-Job Conference with the Unions not later than ten (10) calendar days prior to commencing work.

General Contractor Information	
Prime Contractor:	
Address:	
Phone:	
Email:	Fax:
Prime Contractor's License Number:	
DBE Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	DBE Certifying Agency:
PLA Pre Job Conference Meeting Information	
Date & Time:	
Location:	
General Contract Information	
Contract Name:	
Project Address:	
City Contract No:	Contract Award Amount: \$
Estimated Start Date:	Estimated End Date:
Project Description:	

Jobsite Information	
Site Phone:	Email:
Fax:	Jobsite Labor Rep:
Project Manager:	Jobsite Safety Rep:
Job Superintendent:	Workforce Ordered By:
Jobsite Scheduling Information	
Number of Shifts:	Start / Stop Times:
Pay Day:	Ending Day of Pay Period:
Jobsite Facilities	
Location(s) of First Aid Facilities:	
Location(s) of Sanitary Facilities:	
Location(s) of Drinking Water Facilities:	
Description of Jobsite Parking:	
Name of Selected Hospital:	
Hospital Address:	
Hospital Phone Number:	
Heavy Equipment to Be Utilized on Job	By Contractor
Project Craft Workforce Estimate	
Craft	Workforce needed for Project
Sample: Widget Installer	5

Contractor Jurisdictional Work Assignments

As required by PLA Article 8, Section 8.1, the assignment of work will be solely the responsibility of the contractor performing the work involved; and such work assignments will be in accordance with the Plan for the Settlement of Jurisdictional Disputes in the Construction Industry (the "Plan") or any successor plan.

All jurisdictional disputes on this project shall be settled in accordance with PLA Article 8

Jurisdictional Work Assignments

<u>Contractor name & Sub to</u>	<u>Scope of Work</u>	<u>Union OR Non- Union</u>	<u>DBE or Non DBE</u>	<u>Union Work Assignment (Local #)</u>
SAMPLE: ABC Contractor/ Prime Contractor	Widget Installation	Union	DBE	Widget Installation

<u>Contractor name & Sub to</u>	<u>Scope of Work</u>	<u>Union OR Non- Union</u>	<u>DBE or Non DBE</u>	<u>Union Work Assignment (Local #)</u>

Subcontractor Information – Complete or Attach Subcontractor Listing

Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number: