

**MANPOWER PORTABILITY
FAX NOTIFICATION OF TRAVELING MANPOWER**



*CONTRACTOR, please fax completed form to appropriate Local Union Office
and a courtesy copy to corresponding NECA OFFICE.*

Company Name _____
& Address: _____

Contract Person: _____
Company Phone: _____ Fax : _____

Job Name:	
Job Address:	
Job Start Date:	
Job Duration:	

Please provide our Company with the appropriate reciprocity forms and any other payroll deduction authorization forms (e.g., Dues, COPE, Vacation, Etc).

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	HOME LOCAL & CARD NBR.

Classification:	Inside ☐	Outside ☐	Residential ☐
	Sound ☐	Other ☐	

Employee fringe benefits must be paid in accordance with the Agreement(s) between the NECA Chapter and IBEW Local Union, which has jurisdiction over the location where the work is being performed.

AREA OF WORK(Co.)	LOCAL	TELEPHONE NUMBER	FAX NUMBER
Los Angeles	11	626-792-0061	626-793-9743
Fresno, Tulare, Kings, Madera	100	559-251-8241	559-251-0543
Monterey, Santa Cruz, San Benito	234	831-633-2311	831-633-0570
Santa Barbara	413	805-688-8083	805-688-8483
Kern	428	661-323-2979	661-323-1834
Riverside	440	909-684-5665	909-369-9032
Orange	441	714-939-3131	714-939-3132
San Bernardino, Inyo, Mono	477	909-684-5665	909-885-5964
San Diego/ Imperial	569	619-298-9387	619-296-0690
San Luis Obispo	639	805-543-5693	805-544-3762
Ventura	952	805-642-2149	805-658-7507