



LOCAL UNION 180

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

SERVING NAPA AND SOLANO COUNTIES SINCE 1901

HERB WATTS
PRESIDENT

KEVIN COLEMAN
BUSINESS MANAGER

Clearing into Local Union 180

The policy of Local Union 180 is to clear-in manpower at the job site and not require contractors to send employees to the Union Hall on company time OR have your employees do this on their personal time.

Three forms are required to be on file to clear-in:

- ↪ Authorization for Representation
- ↪ Employment Registration
- ↪ 401(a) / VEBA Selection

In addition, employees must be on **ERTS** (Electronic Reciprocity Tracking System) the registration for on-line reciprocity reporting. This is done one time and does not need to be resubmitted. We can confirm ERTS by checking the employee's SSN on-line.

We have the required forms on our web site* to assist in clearing in your employees. These forms are Adobe PDF interactive forms that can be completed on the computer, signed and then we will pick them up at the job site.

Thank you for your cooperation

* www.ibewlu180.org and click on "forms" on the left



CID590702

BDA/Morneau Shepell/NECA/IBEW Local 180

Test Authorization Form

**eScreen #101123-0
Medtox eChain #1005081**

Applicant / Donor Information

Please present this document to one of the clinics listed below for drug screen collection services:

North Bay Med. Ctr./Fairfield
1101 B Gale Wilson Blvd; STE 204
Fairfield, CA 94533
P 707-646-4678 F 707-646-4603
8:00 am – 12:00pm & 1:30pm - 4:45 pm M-F

No Drugs, Inc.
7275 East South Gate Dr.
Sacramento CA, 95823
916-428-3784 F 916-428-3784
8:00am -5:00pm M-F

Solano Drug & Alcohol Testing
418 Davis St. #B
Vacaville, CA 95688
P 707-447-9651 F 447-0910
8:30 am – 12:00 pm & 1:00 pm – 4:30 pm M-F
**Appointments Recommended but not necessary*

C-DAT(Center for Drug and Alcohol Testing)
17 Tennessee ST
Vallejo, CA 94590
P 707-643-3894 F 707-643-2401
9:00 am – 4:00 pm M-F

Collection Plus
2129 Hacienda Way
Sacramento, CA 95825
P 916-487-3152 F 916-487-3265
8:00 am – 5:00 pm M-F

Napa Valley Drug & Alcohol Testing
3435 Valle Verde Dr. Ste. B
Napa, Ca. 94558
P 707-320-4945 F 707-261-9808
Mon-Fri 8:30 -5:00 closed 12-1

Job Care/Deer Park
10 Woodland Rd.
Saint Helena, Ca. 94574
P 707-963-6491 F 707-967-5676
8:30-4:30pm M-F **By Appointment Only**

Woodland Clinic
632 W. Gibson Road
Woodland, Ca. 95695
P 530-668-2660 F 530-669-5339
8:00am-4:00pm M-F (walk-ins welcomed)

**** Hours for drug screen collections are subject to change. Please call ahead to verify hours. ****

Name of Employee/Applicant: _____ **ID#** _____

Type of Test:

- Pre-employment
- Post-accident
- Random
- Birthday/Other
- Follow-up
- Return to Duty

Test Authorized by:

- Contractor _____
(Company Name) (Name of authorizing individual)
- Local 180 _____
(Name of authorizing individual)
- BDA-Program Administrator _____
(Name of authorizing individual)

Specific account information for this donor is as follows:

**BDA/NECA/IBEW Local 180
27715 Jefferson Ave Suite 103
Temecula CA, 92590
760-723-3056**

If you have any questions, please call BDA/ Morneau Shepell at (888) 577-3784.

AUTHORIZATION FOR REPRESENTATION

I authorize Local Union No. 180 of the International Brotherhood of Electrical Workers to represent me, as my NLRA Section 9(a) bargaining representative, in collective bargaining with my present and future employers on all present and future jobsites within the jurisdiction of the Union. This Authorization is non-expiring, binding, and valid until such time as I submit a written revocation.

Name [] Social Security No. []
Home Address []
City [] State [] Zip []
Phone []
Date of Authorization [] Signature []

For Foreman - Site Phone Number: _____

JOB SITE: _____

EMPLOYMENT REGISTRATION
Name []
Social Security # []
Address []
City [] State [] Zip []
Member Local # [] Card # [] Classification []
Phone [] Date of Birth []
I hereby authorize and direct my employer to deduct from my pay an amount equal to 6% of my gross wages for working dues in accordance with provisions in the current bargaining agreement, and to pay same to IBEW, Local 180. This authorization is voluntarily made, and is not conditioned on my present or future membership in the Union. I acknowledge that payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.
Date []
Please Sign _____
Dispatched to _____ Date _____

Local Union 180 Clearance Form.
Adobe PDF Document with interactive
from fields that can be filled in on
your computer.

Complete form for pick-up at job site
or fax to (707) 251-8040

BARGAINING UNIT CLASSIFICATION VOTE
[JOURNEYMAN CLASSIFICATION AND VARIABLE VEBA]



I.B.E.W. Local Union 180: Inside Agreement

Name: _____ SSN: _____
(Last) (First) (MI)

Effective Date: _____

Employer: _____

Effective with the first payroll period of the date shown above, I vote for/elect the category checked below and thereafter be dispatched as a journeyman (effective date will be June 1, or December 1, upon approval).

| | Classification | Amount of D/C Pension |
|--------------------------|-----------------------|------------------------------|
| <input type="checkbox"/> | <i>Journeyman A</i> | \$.20* |
| <input type="checkbox"/> | Journeyman B | \$1.70 |
| <input type="checkbox"/> | Journeyman C | \$3.20 |
| <input type="checkbox"/> | Journeyman D | \$4.70 |
| <input type="checkbox"/> | Journeyman E | \$6.20 |
| <input type="checkbox"/> | Journeyman F | \$7.70 |

| | Class | Amount of Variable VEBA ‡ |
|--------------------------|--------------|----------------------------------|
| <input type="checkbox"/> | <i>I</i> | \$1.00*‡ |
| <input type="checkbox"/> | II | \$2.00 |
| <input type="checkbox"/> | III | \$4.00 |
| <input type="checkbox"/> | IV | \$6.00 |

**Default level per the collective bargained agreement and reflected in all amounts shown
‡ Travelers, There is no VEBA reciprocity on any amount over the default rate of \$1.00*

I understand this vote/election to select a classification and/or variable VEBA, when approved will stay in effect until the next benefit allocation ratification unit vote as reflected by my signed vote/election. This authorization shall be irrevocable until that time. I understand the bargaining parties open the collective bargaining agreement bi-annually for purposes of bargaining unit benefit allocation selection.

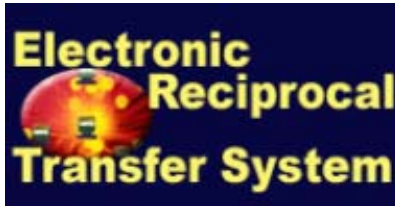
Date Signature

This request has been read and considered by an authorized agent of the I.B.E.W. Local Union 180. Pursuant to the collective bargaining agreement covering the employment of the above named person, having considered the request and the voted upon available classifications, it is:

Classification Change: Approved Denied
VEBA Change: Approved Denied

Signed for I.B.E.W. Local Union 180: _____

Local Union 180 Napa~Solano County



To sign up you will need to accept the following and fill out the form below. Return the signed and accepted information by mail or fax

Defined Benefit Pension Fund

In order to receive pension related credits in my home Defined Benefit pension fund (home DB fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DB fund. I also authorize my home DB fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring fund(s) and home DB fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DB fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DB fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept I Don't Accept

Defined Contribution Pension Fund

In order to receive pension related credits in my home Defined Contribution pension fund (home DC fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DC fund. I also authorize my home DC fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home DC fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DC fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DC fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept I Don't Accept

H&W Fund

In order to re-establish or preserve continuity of my eligibility in my home Health & Welfare (H&W) fund while working outside its jurisdiction, I hereby authorize all Health & Welfare funds signatory to the Electrical Industry Health & Welfare Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home H&W fund. I also authorize my home H&W fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home H&W fund. I agree to have my eligibility and benefits determined by the rules of my Home H&W fund and that my Home Fund may also require that I pay any difference in contribution rates and my failure to make payment in a timely manner could result in loss of coverage. I further understand and agree that I will receive the lesser of the amount provided in the current Collective Bargaining Agreement in effect in the jurisdiction of my home fund or the amount provided by the Collective Bargaining Agreement in effect in the jurisdiction of any participating fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring health & welfare fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home H&W fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home H&W fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept I Don't Accept

Participant Registration Form

*Required Information

| | |
|--------------------------------------|----------------------|
| First Name:* | <input type="text"/> |
| Last Name:* | <input type="text"/> |
| Phone Number: | <input type="text"/> |
| Address Line 1:* | <input type="text"/> |
| Address Line 2: | <input type="text"/> |
| City:* | <input type="text"/> |
| State/Province:* | <input type="text"/> |
| ZIP:* | <input type="text"/> |
| SSN (USA): | <input type="text"/> |
| SIN (Canadian): | <input type="text"/> |
| IBEW Member Home Local Union Number: | <input type="text"/> |
| IBEW Card Number: | <input type="text"/> |
| Date of Birth :* | <input type="text"/> |
| | (MM/DD/YYYY) |
| Email Address: | <input type="text"/> |

List of Home Fund Designations:

(Example: LU# and I for inside Example: 180-I)
(also enter trust name if more than one for your area)

| | |
|---|----------------------|
| Home Defined Benefit (DB) Pension Fund:* | <input type="text"/> |
| Home Defined Contribution (DC) Pension Fund:* | <input type="text"/> |
| Home Health & Welfare Fund:* | <input type="text"/> |

As a plan participant in Pension and/or H&W fund(s) signatory to the Electrical Industry Pension Reciprocal and/or the Electrical Industry Health & Welfare Reciprocal Agreements I acknowledge and understand that by filing with and utilizing the IBEW/NECA Electronic Reciprocal Transfer System (ERTS) I am placing on file with ERTS a blanket, or ongoing, Authorization and Release(s) which authorizes a reciprocal transfer as provided in the respective Agreement of monies on my behalf by all funds signatory to the Agreements and that I agree to all the terms contained in the Authorization and Release(s). I acknowledge that this blanket Authorization and Release(s). Moreover, I agree to the legally binding effect on my use of an electronic signature on ERTS.

Date: Signature:

Mail to: IBEW LU 180, 720-B Technology Way, Napa, CA 94558 or Fax: 707-251-8040

Complete if you are not on ERTS or do not think you are on ERTS. If you know you are not on ERTS (first time traveling) then send this sheet to your home local so they can enter you.