



Project Stabilization Agreement (PSA) Workforce Dispatch Request Form

CONTRACTOR USE ONLY		Contractor Information
Requesting Contractor:		
Phone:	Fax:	

Job Site Information	
Project Name:	Contract Number:
Address:	
Job Superintendent:	
Work Request Start Date and Time:	Estimated Work Duration:

Contractor Requirements			
Employee Classification			Requested Skills, Experience, or Certifications and Equipment to Be Utilized
Indicate Level	Craft/Classification	Quantity	
Journeyman <input type="checkbox"/>			
Apprentice <input type="checkbox"/>			

UNION USE ONLY	Dispatch Information
Name of Applicant(s) Dispatched:	

Date of Dispatch:

UNION DISPATCHER: PLEASE CIRCLE THE ZIP CODE OF THE DISPATCHED WORKER(S)													
Targeted ZIP codes	92101	92102	92104	92105	92111	92113	92114	92115	92116	92117	92139		
SDUSD ZIP codes	91941	91942	91945	91977	92037	92103	92106	92107	92108	92109	92110	92119	92120
	92121	92122	92123	92124	92126	92129	92131	92133	92134	92136	92140	92145	
SD County ZIP codes	91901	91902	91903	91905	91906	91909	91910	91911	91912	91913	91914	91915	91916
	91917	91921	91931	91932	91933	91934	91935	91943	91944	91946	91948	91950	91951
	91962	91963	91976	91978	91979	91980	91990	92003	92004	92007	92008	92009	92013
	92014	92018	92019	92020	92021	92024	92025	92026	92027	92028	92029	92030	92036
	92040	92054	92055	92056	92057	92058	92059	92060	92065	92066	92067	92069	92070
	92071	92075	92078	92079	92082	92083	92084	92086	92090	92091	92092	92093	92096
	92112	92118	92125	92127	92128	92130	92132	92135	92137	92138	92141	92142	92143
	92144	92147	92149	92150	92152	92153	92154	92155	92158	92159	92160	92161	92162
	92163	92164	92165	92166	92167	92168	92169	92170	92172	92173	92174	92175	92176
	92177	92178	92179	92182	92184	92186	92187	92190	92191	92192	92193	92194	92195
	92196	92197	92198	92199	92672	92536	92061	92563	92259				

Targeted ZIP codes: 35% of contractor's total workforce by craft
SDUSD ZIP codes: 70% of contractor's total workforce by craft
SD County ZIP codes: 100% of contractor's total workforce by craft

Note to Dispatching Agent: Please fax a copy of the form to the PSA Coordination Team at fax **858.496.1953**