CHICAGO AREA LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST

CONSTRUCTION LABORERS'
SAFETY DRIVEN
SAFETY INCENTIVE PROGRAM

CONTRACTOR NAME & ADDRESS

Laborer's Name	Last 4 Digits of Social Security #	Laborer's Local Union #	Hours Worked In The Field 10/1/11-12/31/11	Please indicate yes or no for the following questions. From 10/1/11 through 12/31/11, did the nominated laborer have a: Workers' comp claim?	Lost time injury?	OSHA recordable event?

Print Name: _____ **Signature:** _____

Position: _____ **Date:** _____

Phone: _____

**Fax the completed nomination list to 630-655-8973 or mail to us at 999 McClintock Dr., Suite 302, Burr Ridge, IL 60527 by 1/27/12

**If you would like an Excel version of this form emailed to you for your convenience, please email your request to griley@chicagolecet.org

**If you need additional forms or have any questions, please call us @ 630-655-8935, or email us at griley@chicagolecet.org

***Nominees are field construction workers in good standing with their respective participating labor locals affiliated with the Construction & General Laborers' District Council of Chicago and Vic

***Nominees must have no lost time or OSHA recordable event due to a work-related accident or illness from 10/1/11 through 12/31/11 and must have worked 250 hours in the calendar quarter. union laborers who have not met the 250 hour requirement, you can still nominate them because we will verify additional hours with the Laborers' Health & Welfare Fund and the other contributir contractors that these laborers may have worked for.

***Nominees must not have received a quarterly award in the previous calendar year.

***Contractors must be current with the appropriate Laborers' Health & Welfare and Pension Funds and the Laborers' Work Dues Fund