



Community Workforce Agreement (CWA)  
**HIRING PLAN**  
 (to be submitted prior to Notice to Proceed date)

Health Housing and  
 Community Services Department  
 Labor Standards Enforcement

**Name of Project:** \_\_\_\_\_

**Name of Company Reporting:** \_\_\_\_\_

**Name of Person Completing Form:** \_\_\_\_\_  
Name/Title Signature Date

Employee Name	Core/Current Or TBD*	Employee Address	City & Zip Code	Trade	Estimated Hours on project	Journey or Apprentice and Period	Pay Rate

\*If employee is TBD please enter the trade & planned hours only, and re-submit form with names and addresses after workforce is determined. 20% local hire goal-Berkeley residents only

Signatory to Union: Yes No If yes, please list trades: \_\_\_\_\_

Comments:

Return to: [localhire@berkeleyca.gov](mailto:localhire@berkeleyca.gov) or by mail to 2180 Milvia Street, 2<sup>nd</sup> floor, Berkeley, CA 94704 c/o Local Hire Programs