Community Workforce Agreement (CWA)

HIRING PLAN

(**to be submitted prior to Notice to Proceed date**)

Health Housing and
Community Services Department
Housing & Community Services Division

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@cityofberkeley.info or by mail to – 2180 Milvia St., 2nd floor – Berkeley, CA 94704 c/o Local Hire Programs