Print Form

Alaska Rural Utility Collaborative
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TEMPORARY LABOR REQUEST

REQUESTED BY: _____ DATE: _____

ACCOUNT NUMBER: _____

WORK REQUESTED: _____

_____

_____

ESTIMATED HOURS: _____

LEAD WPO SIGNATURE: _____

APPROVED SCOPE OF WORK: _____

_____

_____

WORK COMPLETED BY: _____

HOURS WORKED: _____

HOURLY RATE: _____

CUSTOMER SIGNATURE: _____

LEAD WPO SIGNATURE: _____

ARUC O&M APPROVAL: _____