

SHEET METAL WORKERS LOCAL 10 SMARCA LABOR/MANAGEMENT FUND

1681 COPE AVENUE, STE B
MAPLEWOOD, MN 55109

Phone (651)770-0991
Fax (651)770-1351

2022 METRO RESIDENTIAL REFERRAL PROGRAM

Sheet Metal Local #10 and SMARCA are pleased to announce a Metro Residential Referral Program. This program is intended to help increase the number of members that are qualified and experienced employees in the residential sheet metal industry. As a union member in good standing, if you know someone who you think would be successful working in residential sheet metal, then please refer to the guidelines listed below for this program. If you believe you have a candidate to refer, please complete the attached form and contact Organizer Paul Martin at Sheet Metal Local #10 at (651) 270-3822.

1. This program is in effect from May 1, 2022 through April 30, 2025 subject to funding.
2. It is for the referral of candidates for the Metro Residential classification of signatory employment.
3. The person making the referral must be a Local #10 member in good standing.
4. Upon dispatch to a signatory employer the referring Local #10 member is eligible for a \$500 referral payment*.
5. After the referred candidate is employed for 6 months, the referring Local #10 member is eligible for an additional \$500 payment*.
6. The Union member is required to complete the attached form for initial payment and must also initiate the request for the secondary payment.
7. If the referred candidate has a Warm Air Competency Card issued by Minneapolis or St. Paul, the referral payments* increase to \$1,000.
8. The first member to refer a candidate will be the only referring Local #10 member eligible for payment.
9. Full time staff of Sheet Metal Local #10, Metro Training Center, the Fund Office, and any related organization are excluded from receiving the referral payment.

*any payment over \$600 in a calendar year is reportable income and subject to issuance of a 1099 tax form.

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Please complete the Metro Residential Referral Form
(For completion by Referring Local #10 Member – Please print)

Candidates Name _____

Candidates Phone Number _____

Referring Local #10 Members Name _____

Referring Local #10 Members Phone Number _____

I have read and understand the Metro Residential Referral Program Guidelines,

Referring Local #10 members signature

Date

Return signed form to Sheet Metal Local #10 for final approval

Office Use Only

Business Agent approval:

Business Agent/Organizer Name: _____

Dispatch date: _____

Dispatch Contractor: _____

Business Agent/Organizer Signature

Date