

<input type="checkbox"/> JMAC Resources	<input type="checkbox"/> JMAC Ready-Mix
<input type="checkbox"/> IHD Liquids	<input type="checkbox"/> IHD Solids
<input type="checkbox"/> JCO	<input type="checkbox"/> Pronghorn, LLC
<input type="checkbox"/> WDW	<input type="checkbox"/> _____

Company must be indicated above or form will be returned to individual completing it.

Re-Call Employee from Lay-Off

*Note: No employee shall return to work prior to this form being submitted. Supervisors must complete this form and return it to HR **prior** to employee returning to work to insure that all tests and training are completed. Please complete this page and if approved, the Safety Training needs on page 2.*

Employee Name:	
Employee Phone Number:	
Individual completing this form:	
Did employee refuse recall? If yes, please explain below, sign & date, then, submit a Termination Form to HR. <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If employee refuses recall, it will be reported to State Unemployment office & unemployment benefits will cease</i>	
What is this employee's position/title:	
Who will this employee's direct supervisor be?	
Recall rate of pay?	
Division recalled to: <i>(please note, that a transfer form must be completed if employee is recalled to a different division)</i>	
Will this position oversee other employees? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, they must attend supervisor training)</i>	
Has this employee been gone longer than 30 days? ** <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, drug test must be administered)</i> <i>** If employee is DOT or being recalled to new division, drug test must be administered regardless of time away.</i>	
Does the individual need company housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this Individual: <input type="checkbox"/> DOT <input type="checkbox"/> Non-Dot
What date <i>(not asap)</i> do you want this individual to start working?	
Does this individual have a PEC SafeLand card? Yes No	Does this individual need One Basin? Yes No
Supervisor Signature:	Date:

FOR HR USE ONLY:	
Request Response This request is: <input type="checkbox"/> approved <input type="checkbox"/> denied	
If denied, please state a brief reason: _____	
_____	_____
<i>General Manager</i>	<i>Date of Approval</i>
Notice of approval or denial sent to supervisor on: _____ (date)	
<i>HR ~ upon receipt retain page (1) one with employee file and send page (2) two to Safety Coordinator prior to employees return.</i>	

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Division must be indicated above or form will be returned to individual completing it.

Re-Call Employee Safety Training Needs

Supervisors, after approval please complete this page and submit to HR with page one (Re-call Employee from Lay-Off).

Employee name:					
Employee contact number:					
Employee's position:					
Who is this employee's direct supervisor?					
Employee's division (ie: construction, crushing, frac heater, etc.)					
Has this employee attended PEC Safeland Training?		Yes	No	Does this employee need Zonar?	
				Yes	No
Employee has been gone longer than 30 days, needs drug test.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does he/she carry a CDL?					
		<input type="checkbox"/> No			
		<input type="checkbox"/> Yes	If yes:	<input type="checkbox"/> Hot Shot	<input type="checkbox"/> Class B
				<input type="checkbox"/> Class A	

Supervisors please check any anticipated equipment training needs for this employee:

<input type="checkbox"/> Side dump	<input type="checkbox"/> Pneumatics	<input type="checkbox"/> Scraper	<input type="checkbox"/> Horizontal Directional Drill
<input type="checkbox"/> Lowboy	<input type="checkbox"/> Trencher	<input type="checkbox"/> Dozer	<input type="checkbox"/> Backhoe Loader
<input type="checkbox"/> Belly Dump	<input type="checkbox"/> Excavator	<input type="checkbox"/> Compactor	<input type="checkbox"/> Aerial Lift
<input type="checkbox"/> End Dump	<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Articulating Truck	<input type="checkbox"/> Forklift
<input type="checkbox"/> Water Truck	<input type="checkbox"/> Tele-handler	<input type="checkbox"/> Highway Truck	<input type="checkbox"/> Hydrogen Sulfide
<input type="checkbox"/> Vac Truck	<input type="checkbox"/> Wheel Loader	<input type="checkbox"/> Motor Grader/Blade	<input type="checkbox"/> Respirator Fit Test
<input type="checkbox"/> Mixer Truck	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Heater Truck	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Supervisors please check any anticipated client specific training needs for this employee:

<input type="checkbox"/> Hess	<input type="checkbox"/> Hunt	<input type="checkbox"/> Oasis	<input type="checkbox"/> Conoco
<input type="checkbox"/> XTO	<input type="checkbox"/> Whiting	<input type="checkbox"/> One Way	<input type="checkbox"/> Enbridge
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> ISN Number:

Comments or special training needs: