

| | |
|---|---|
| <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 the speeding module? 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? | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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"/> Stat Oil |
| <input type="checkbox"/> XTO | <input type="checkbox"/> Whiting | <input type="checkbox"/> SM Energy | <input type="checkbox"/> Enbridge |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Comments or special training needs: