 **Contingent Staffing Requisition Form**

**Requisition #**

(*to be completed by Talent Attraction*)

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| **GENERAL INSTRUCTIONS** |
| Completed form to be submitted a minimum of 3 weeks prior to date required. For assistance contact [contingentstaffing@opg.com](mailto:contingentstaffing@opg.com)   * SECTION A & C - To be completed by the Hiring Manager. Once complete, send the form to [contingentstaffing@opg.com](mailto:contingentstaffing@opg.com)   **Note:** Appendix A Hires – Hiring Manager to send completed Appendix A Review Form (N-FORM-10854) with the Requisition.  Requisitions received without this form will be returned to Line and will not be processed until this Form is completed.   * SECTION B – To be completed by Talent Attraction. |

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| **SECTION A: Resource Information – *To be completed by the Hiring Manager*** | | | | | | | | | | |
| **Type of Hire:**  Appendix A EPSCA / BTU  Term  CPA Temp (RG only)  CPA Hydro Rehab Temp (RG only) | | | | | | | | | | |
| **Trade:** | | **Job Classification:** | | | | **Occ Code:** | | **Apprentice**  **Journeyperson** | | |
| **Number Required:** | | **Number of Welders Required:** | | | **Date Required:**  Click or tap to enter a date. | | | **Planned Departure Date:** Click or tap to enter a date. | | |
| **Site Location:** | | | **Reporting Supervisor:** | | | **Tempus Shift Schedule:** | | | | **Hours of Work:** |
| **Org Unit #:** | **Gang #:** | | **Gang Owner:** | | | | **Gang Owner Emp #:** | | | |
| **TLD Badge Level** (Nuclear only): **Choose an item.** | | | | | **TLD Badge Location** (Nuclear only): | | | | | |
| **GENERAL REQUIREMENTS FOR EMPLOYMENT** | | | | | | | | | | |
| Speak, Read and Write English Fluently | | | | | One REM Radiation Dose Available | | | | | |
| Picture ID | | | | | Valid OPG Security Clearance | | | | | |
| Medical or Confidential Health Statement Of Physician Exam | | | | | Pre-Hire Attendance At Site For NSC Completion (Security) | | | | | |
| Proof of Legal Status/ Social Insurance Number | | | | | Tools of trade | | | | | |
| Approved Safety Glasses | | | | | WHMIS Certificate | | | | | |
| Approved Safety Footwear | | | | | Nuclear Energy Worker | | | | | |
| Other Valid Licenses/ Trade Certifications (CofQ)/ Comments: | | | | | | | | | | |
| **MUST BE CAPABLE OF THE FOLLOWING PHYSICAL DEMANDS/ ESSENTIAL DUTIES** | | | | | | | | | | |
| **Work Environment** | | | | **Mobility** | | | | | **Strength/Dexterity** | |
| Rotating Shifts / Night Shift | | | | Work at/above Shoulder Level | | | | | Lifting/Pushing/Carrying | |
| Able to hear emergency tones and respond accordingly | | | |
| Radioactive Work With Full Clothing | | | | Prolonged Standing or Walking | | | | | Fine Finger Movement | |
| Respirators/Masks/Air Supplied Hoods | | | |
| Plastic Suit Work | | | | Climbing Ladders, Scaffolding, Stairs | | | | | Repetitive Motion/ Stresses to Extremities | |
| Working From Lifts/Swing Stage | | | |
| Operate Heavy or Moving Equipment | | | | Continuous Bending, Squatting, Twisting | | | | | Other: | |
| Work Outside in Extreme Weather Conditions (hot/cold) | | | |
| Inside Work | | | | Other: | | | | |
| Heat Stress Environment | | | |
| Change/Communal Showers | | | |
| Confined Spaces | | | |
| Working at Heights (Fall Arrest) | | | |
| Elevated Platform | | | |
| Working at a Computer/Keyboarding/Sitting | | | |
| Other: | | | |

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| **SECTION B*:* Reporting and Payroll Information *- To be completed by Talent Attraction*** | | | | | |
| **Grade & Step**: | | **Pay Scale** *(CPA Only):* | | **Rate of Pay** *(before remittances)***:** | |
| **Report To & Time:** | | | **Report Location:** | | |
| **Documents Required**  **on First Day:** | Nuclear Energy Workers - bring Non-OPG Dose Report for the last 5 years  Direct Deposit Information (Blank Void Cheque)  Trade Certification Of Qualification/Union Card | | | | Valid Drivers License  Social Insurance Number  Relevent Training Records |
| **SUBMITTED BY:** | **Name:**  **tALENT ATTRACTION** | | | | **date:** |

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| **SECTION C: Name Hires / Approvals - *To be completed by the Hiring Manager*** | |
| **REQUESTED NAME HIRES:** | |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
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| **APPROVALS:** | |
| **Reason for Temporary Staff Needed:** | |
| **Appendix A Hire – Appendix A Review Form (N-FORM-10854) Completed and Sent to PWU** | |
| **Approving Manager date**  Name: | **Reporting supervisor Date**  Name: |
| **Notes:** | |
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