 **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* SECTION A & C - To be completed by the Hiring Manager. Once complete, send the form to 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** |
| [x] Speak, Read and Write English Fluently | [x]  One REM Radiation Dose Available |
| [x]  Picture ID | [x]  Valid OPG Security Clearance |
| [x]  Medical or Confidential Health Statement Of Physician Exam | [x]  Pre-Hire Attendance At Site For NSC Completion (Security) |
| [x]  Proof of Legal Status/ Social Insurance Number | [x]  Tools of trade |
| [x]  Approved Safety Glasses | [x]  WHMIS Certificate |
| [x]  Approved Safety Footwear | [x]  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:**  | [x] Nuclear Energy Workers - bring Non-OPG Dose Report for the last 5 years[x] Direct Deposit Information (Blank Void Cheque)[x]  Trade Certification Of Qualification/Union Card | [x]  Valid Drivers License[x]  Social Insurance Number[x]  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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