Temporary Layoff Rehire Form

Employment Department email: EmploymentSlips@jibei.com **Employment Department Fax # (718) 820-0677**

Contractor #:		Contractor Name:	
Week Beginning:		Contractor Fax No.:	
Contractor email:		Job Location:	

EACH JOB LOCATION MUST BE ON A SEPARATE SHEET

Contact Person:
Shop Telephone Number :
Job Telephone Number:
Start Time:

NAME	SS#	CLASSIFICATION	CONTACT #