

Participating Employers in Retrainee Multiple Employer Contracts

Contractor's Name:

CCG No.:

Reference No:

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PRINT OR TYPE IN ALPHABETICAL ORDER

Company:

Priority? Yes No

Address:

City, State, Zip:

Collective Bargaining Agreement(s):

Estimated # of employees to be retrained under this Contract:

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Total # of full-time company employees in California:

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