Gu Achi District
OF THE
Tohono O'odham Nation

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Labor Work Request Form

Date of Request: _____ Time of Request: _____ Tribal Enrollment # _____

Name of Homeowner/Community Rep. Requesting (Print) _____

Contact Number: (Home/Cell/Message Number) _____

Community: _____

Physical Location of Project: _____

_____

_____

AGREEMENTS

1. All work requests must be reviewed and approved by the Gu Achi District Chair/Vice Chair Chairperson.
2. Requester must be a district member and homesite owner within district boundaries.
3. Requester shall have all materials needed for the project before the work starts.
4. Area must be clean, sanitized, and free from trash and other items for safety purposes.
5. For the safety of the district employees, please have animals confined and monitored.
6. District employees shall not be threatened or criticized while on the project and will not be subject to supervision from non-district workers.
7. Any problems or concerns will be addressed to the Gu Achi District Chairperson/Vice Chairperson.
8. Project Supervisor shall notify the requester if a wake or funeral arises while working on project requests.

Please be advised, Gu Achi District reserves the right to disapprove work requests to ensure the safety of its workers, especially in situations where a district employee may be in a hostile environment. The consumption of alcohol and illicit drugs is prohibited within the Tohono O'odham Nation; any of these violations will result in the termination of the project. Requesters should also be aware that wakes and funerals take precedence and may delay the completion of the project.

I have read and understand these agreements that may apply to my request.

_____

Requester's Name (Please Print) Requester's Signature Date

Purpose of Request: (Please write a DETAILED description of the work to be done.) Only the detailed description shall be completed.

Note: Please fill out a backhoe request form if the request requires the use of the backhoe.

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********** **Office Use Only** **********

Approved_____ Disapproved_____ _____

District Chairperson's Signature Date

If disapproved, state reason: _____

Date submitted to Project Manager: _____

Project manager Signature: _____

Notes:

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