

EXHIBIT "E"

NOTICE OF QUILTS, LAYOFFS, AND/OR TERMINATIONS

To: The United Union of Roofers, Waterproofers, and Allied Workers, Local 221
2045 Kamehameha IV Road, Suite 203
Honolulu, Hawaii, 96819

Our Collective Bargaining Agreement with you requires that we notify you on a monthly basis of the names of employees covered by that Agreement who have been laid off, or been terminated during the previous work month. In accordance with this provision, this is to officially notify you of the following:

Name of Employee	Social Security Number	Date of Layoff
------------------	------------------------	----------------

REASON FOR TERMINATION

PLEASE CHECK REASON

- Probationary Period
 Lack of Work
 Voluntary Quit
 Discharge for Cause
 Other, please explain: _____

Contractor

Signature of Authorized Representative

PRINT: Name of Above Representative

Telephone