

LOST TIME VOUCHER

NAME: _____ DATE: _____

STREET: _____ CITY: _____

POSTAL CODE: _____ SOCIAL INSURANCE NO.: _____

EMPLOYER (IF EMPLOYED): _____

CLASSIFICATION: _____

WORKING UNDER: _____

(WIREMEN, WINDER, CABLE, ETC.)

PURPOSE OF MEETING: _____

LOST TIME WAGES:

DATES INVOLVED: _____

NUMBER OF HOURS _____ @ \$ _____ PER HOUR \$ _____

HOLIDAY PAY @ _____ % OF EARNINGS _____ \$ _____

PENSION _____ % \$ _____

TOTAL EARNINGS: \$ _____

LESS DEDUCTIONS:

INCOME TAX _____ \$ _____

CANADA PENSION _____ \$ _____

E.I. _____ \$ _____

E.I.A.F. _____ \$ _____

DUES _____ \$ _____

TOTAL DEDUCTIONS \$ _____

MEMBER'S SIGNATURE: _____

NET PAY \$ _____

APPROVED BY: _____

THIS PAYMENT IS MADE SUBJECT TO EXECUTIVE BOARD APPROVAL