

TIME SHEET CONFIRMATION (FOR LOST TIME TO BE REIMBURSED BY COMPANY)

NAME: _____ DATE: _____
STREET: _____ CITY: _____
POSTAL CODE: _____
EMPLOYER: _____
CLASSIFICATION: _____
WORKING UNDER: _____
(WIREMEN, WINDER, CABLE, ETC.)
PURPOSE OF MEETING: _____

DATES INVOLVED: _____
NUMBER OF HOURS _____ @ \$ _____ PER HOUR \$ _____
HOLIDAY PAY @ _____ % OF EARNINGS _____ \$ _____
PENSION _____ % \$ _____
TOTAL EARNINGS: \$ _____
MEMBER'S SIGNATURE: _____ NET PAY \$ _____
APPROVED BY: _____
UNION REPRESENTATIVE