

INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 141 TIME LOST REPORT

Employer: _____

Employee #: _____

Please Print
NAME _____

Week Ending _____ 19__

ADDRESS _____

Email: _____

CITY _____ ZIP _____

Cell Phone: _____

SOCIAL SECURITY NUMBER _____ Please file an IRS W-4 form with District 141

SINGLE MARRIED NUMBER OF DEPENDENTS _____

HOURLY RATE _____

OFFICER
NEGOTIATION
ARBITRATION
COMMITTEE

TIME LOST

DATE	EXPLANATION	NO. OF HOURS	TOTAL
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
TOTAL			

— NOTES —

DEDUCTIONS

State U.I.D.		
F.I.C.A.		
Income Tax		
Pension		
TOTAL DED.		
NET WAGES		
AMT. OF CHECK		
PAID BY CHECK No.		
DATE		

SIGNATURE _____

APPROVED _____