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 —

SIGNATURE _____

APPROVED _____

DEDUCTIONS

State U.I.D.		
F.I.C.A.		
Income Tax		
Pension		
TOTAL DED.		
NET WAGES		
AMT. OF CHECK		

PAID BY CHECK No.

DATE