LOST WAGES REPORT

Month & Year _____

(Attach copies of pay stubs behind report)

Enter Gross Daily Wage From Primary Employer [ ]

Name & Title _____

Date	Union Activity	Location City & State	# of Hours Lost Time	Hourly Rate (Daily Wage / 8 Hrs)	Lost Wages (Hours x Rate)
Total Lost Hours & Total Lost Wages ⇨					

_____

Signature & Date

Revised 2/17