



BOILERMAKERS LOCAL 169

VOUCHER FOR REIMBURSEMENT OF LOST WAGES

Name:

SSN:

Address:

Date(s) Missed Time:

Reason for lost time:

Straight Time Hours Missed:		Overtime Hours Missed:		Double Time Hours Missed:	
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Paid as classification (i.e. Journeyman, Foreman, GF, etc.):

Taxes and Exemptions – Please Check “Married” or “Single” and enter the number of exemptions you are claiming

Married

Single

Total Exemptions

Claimed: _____

Signature:

Date: