

NAME: _____

SOCIAL SECURITY No.: _____

SALARY: _____

MARITAL STATUS
AND NO. OF EXEMPTIONS: _____

NUMBER OF HOURS
LOST TIME FROM
COMPANY

DATE

REASON (PLEASE SHOW TIME SPENT ON EACH PROJECT SEPERATELY)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(**Signature Required at Bottom of Form**)

C.W.A. Local 3108 Payroll Voucher

Representational Activities	Political Activities And Lobbying	Contributions, Gifts and Grants	General Overhead	Union Administration	Account:
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(Signature)

(Approved)

(Check Number)