



IBEW Local Union 595

6250 Village Parkway
Dublin, CA 94568

Lost Wages Claim

IN ACCORDANCE WITH ARTICLE VII, SECTION 8 OF THE BY-LAWS
OF LOCAL UNION 595, I.B.E.W., I _____
REQUEST COMPENSATION FOR LOST WAGES WHILE ATTENDING THE

_____.

MEETING LOCATION: _____

DATES ATTENDED: FROM _____ THRU _____

HOURS LOST: _____

PRESENT WAGE: \$ _____

AMOUNT DUE: \$ _____

ADDRESS

CITY ST ZIP

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

NOTE: IF YOU DO NOT HAVE A CURRENT W-4 EMPLOYEES' WITHOLDING
ALLOWANCE FORM ON FILE, PLEASE COMPLETE AND ATTATCH.