



UNIFOR LOCAL 111 LOST TIME VOUCHER

(Complete in full including signature)

PAYROLL PERIOD ENDING _____

NEW INFORMATION YES NO

CTS

CONVENTIONAL

NAME			S.I.N.
ADDRESS			TEL
CITY	PROV	POSTAL	CEL
DATE OF BIRTH [DD/MM/YY]		SEN#	E-MAIL
YEARS OF SERVICE		DEPOT	HOURLY RATE

DAYS OFF: M T W Th F S S

EMPLOYEE NUMBER: E#

	DATE			TIME		No. of Hours	Index #	Reasons for Claim <small>(Provide full details: Union Business is not sufficient)</small>
	dd	mm	yy	From	To			
MON								
TUES								
WED								
THUR								
FRI								
SAT								
SUN								
MON								
TUES								
WED								
THUR								
FRI								
SAT								
SUN								
TOTAL HOURS LOST								

*****LOST TIME VOUCHERS MUST BE SUBMITTED PRIOR TO 2400 ON THE SUNDAY BEFORE THE PAY PERIOD CUT-OFF TO GUARANTEE PAYMENT IN THE PROPER PAY PERIOD*****

Fax (604)522-7085

MEMBER'S SIGNATURE _____

DATE: _____

BOOK-OFF AUTHORIZED BY: _____

DATE: _____

