

AQUIDNECK LODGE LOCAL 587  
INTERNATIONAL ASSOCIATION  
OF MACHINISTS AND  
AEROSPACE WORKERS



**LOST TIME STATEMENT**

Name _____ Address _____ City _____ State _____ Zip Code _____ Employer _____ Date Submitted _____	Rate per Hour _____ Social Security No. _____ Dependents _____  <b>Voucher No.</b> _____
---	--

DO NOT WRITE IN THE SPACE BELOW (For Office Use Only)

Date Time Lost	Number Hours Lost	Wages Due	Total Deductions Daily Basis	
			Federal	State
<b>TOTAL</b>		\$	\$	\$

Gross Earnings	\$	_____
Soc. Security	\$	_____
Medicare	\$	_____
W.H. Federal	\$	_____
W.H. State	\$	_____
<b>TOTAL DEDUCTIONS</b>	\$	_____
<b>NET EARNINGS</b>	\$	_____
Date Paid	_____	Check No. _____

Purpose for which time was lost (List all dates and meetings in full.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President \_\_\_\_\_

Recording Sec. \_\_\_\_\_

Member Signature \_\_\_\_\_