



IATSE Local 129

Application for Pay Adjustment or Missing Cheque

Member Section (please complete and return to 1 copy to the IATSE Office, 1 copy to Payroll)

Name:	SIN:	EMP ID #
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Work Date & Time		Head	
Venue			
Event			
Hours Worked (please List Real hours i.e. 8:00-12:00 & 1:00 - 9:00)			
Paid hours			
Missing hours			
Signature			

Heads Signature (if Available) _____

Office Section

Date Received _____

Date Processed _____

Contact _____

Issues _____

Resolution: _____
