



LOCAL 42 SALARY COMP EXPENSE REPORT

Date _____

Name _____

St. Address _____

City _____

State _____ Zip _____

Phone _____

Unit _____

Do Not Use This Space

DATE	HOURS	RATE/HR	ITEM	AMOUNT
TOTAL>				

Compensation is calculated by member's most current hourly straight time rate. Suitable proof of hourly rate must be attached.

I certify the above information to be correct, _____
(Signature)