TRANSPORT WORKERS UNION LOCAL 252

LOST TIME FORM

MUST COMPLETE ALL HIGHLIGHTED AREAS

NAME: _____

BUS COMPANY & SECTION: _____

DATE & BUSINESS: _____

_____

SINGLE: _____ **MARRIED:** _____

NUMBER OF DEPENDENTS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

TOTAL HOURS LOST: _____

RATE OF PAY: _____

SIGNATURE: _____

MAILING ADDRESS: _____

_____

TELEPHONE NUMBER: _____