

IAM-AW SKY HARBOR LODGE 2559
WAGE REIMBURSEMENT REQUEST

MAIL TO: 2727 W. Baseline Rd., Suite 16, Tempe, AZ 85283-1068 * NO FACSIMILES *

NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

LOST TIME* or TELLER WAGES:

DATES: _____ **FUNCTION ATTENDED:** _____

NUMBER OF HOURS _____ **@ \$** _____ **/ HOUR** _____ **\$** _____

TOTAL WAGES \$ _____

MEMBER SIGNATURE: _____

PAYMENT AUTHORIZATION: _____
RECORDERING SECRETARY PRESIDENT

Approved by the membership:

*The member understands that any lost time payment taken, and not subsequently earned, must be returned to the Local Lodge, by the member, as soon as possible, but not later than fourteen (14) days following the conclusion of the aforementioned business.
Member **must** complete a W-4 and an A-4 form, before wages can be paid.