

# CONTINUATION SHEET MONTHLY PAYROLL REPORT TOGETHER WITH NATIONAL ELECTRICAL BENEFIT FUND

Page No.

PLEASE TYPE OR PRINT

NAME  
ADDRESS  
CITY, STATE

LOCAL UNION NO. WHERE WORK IS PERFORMED .....

840

EMPLOYER'S FEDERAL  
REGISTRATION NO. ....

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF \_\_\_\_\_ 19\_\_\_\_

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	PREMIUM HOURS	WORKING DUES	
<b>TOTAL THIS PAGE</b>								

