

**CWA Local 1118
LOST TIME WAGES**

4 Wembley Ct., Albany, NY 12205

Name: _____
 Address: _____
 City, State: _____

Week Ending: _____
 SS#: _____

Day & Date	Unit	Code	Hours	Explanation
Sunday				
			Total	
			Daily Hrs.	
Monday				
			Total	
			Daily Hrs.	
Tuesday				
			Total	
			Daily Hrs.	
Wednesday				
			Total	
			Daily Hrs.	
Thursday				
			Total	
			Daily Hrs.	
Friday				
			Total	
			Daily Hrs.	
Saturday				
			Total	
			Daily Hrs.	

Total Hours _____

Total Weekly Hrs _____

This is to certify the amounts shown on this statement were incurred by me on behalf of CWA.

Signature _____
 Expense Incurred By _____

Signature _____
 Approved by _____
 Paid by Check No. _____