I.B.E.W. LOCAL UNION 292
Vacation Monthly Reporting Form

MAIL TO:

Mpls. Elect. Receiving Agency
5100 Gamble Drive
Suite 430
St. Louis Park, MN 55416

This report shall be mailed to reach the office of the Local Union not later than fifteen calendar days from the date which the last hours are worked in the reporting month.

Contractor:	
Address:	
City:	
State:	Zip Code:
Signature:	
Title:	Date:

Reporting Month:

Shop Steward:

Soc. Sec. #	Name	Vacation From	Vacation To	Premium Hours 1½	Premium Hours 2	Soc. Sec. #	Name	Vacation From	Vacation To	Premium Hours 1½	Premium Hours 2

Local Union - **White copy**

Contractor - **Pink copy**

Shop Steward - **Yellow copy**