

Name:

Office & Professional Employees International Union, AFL-CIO, CLC

American Federation of Labor and Congress of Industrial Organizations and Canadian Labour Congress

REQUEST FOR LOST WAGES

Name:					
	(PRINT CLEARLY)			The Action	
Lost Wages:		Pnone:			
Date	Union Purpose		Hours	Rate of Pay	Total
			-		
				1	
		-			
ļ					
			Gr	and Total	
Signature:	Date	e:			
jb/usw2002-14 (Ammended:					

2277 Highway 36 W., Suite 150, Roseville, MN 55113 Phone: 651-639-1212 • Fax: 651-639-1210 • Toll Free: 1-877-562-2512 E-mail: www.opeiu12.org