

IBEW Local 2228 Salary Claim Form

Section 1 - Member Information

Name:	Email address:
BA #	Daytime phone number:

Section 2 – Employer & Leave Information

Employer Name:			
Classification Level:			
Increment:		Hourly Rate:	
Leave Start Date:	Leave End Date:	Hours Claimed:	
Purpose of leave:			
<div style="text-align: center;"> <input type="checkbox"/> I requested <i>Leave with Pay For Union Business</i> from my employer OR <input type="checkbox"/> I am claiming salary directly from the Local. <input type="checkbox"/> SIN #: _____ Birth date (YYYY-MM-DD): _____ </div>			

Section 3 – Banking Information

Complete this section if you are claiming salary directly from the Local and would like to receive direct deposit.		
Institution Number:	Transit Number:	Account Number:

I certify that the time claimed and wages requested were for authorized Local Union business.	
Member Signature	Date

Officer Approval	Date
Processed by Recording Secretary	Date