Orlando Exhibition Employees
7131 Grand National Drive, Suite 102 Orlando, FL 32819
Tel: (407) 649-9669 - FAX: (407) 649-1926
www.iatselocal835.org

PAYROLL PROBLEM

COMPANY NAME: _____

TODAY'S DATE: ____/____/_____

NAME: _____

SOCIAL SECURITY NUMBER: ____-____-____

PHONE NUMBER: (_____) _____-_____

DATES AND HOURS WORKED:

Day worked:	Date:	Rate	Regular Hours	OT Hours	2x Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Totals: _____ _____ _____

PLEASE EXPLAIN PAYROLL PROBLEM:

_____

_____

_____

_____

Please attach copies of your TIME CARDS, along with a copy of your PAY CHECK.

If a fax machine is not available to you, then bring the completed documents to the IATSE Local 835 office and we will fax them for you.

All above information must be completed and included with the fax in order to process your payroll problem.