## CONTINUATION SHEET MONTHLY PAYROLL REPORT TOGETHER WITH NATIONAL ELECTRICAL BENEFIT FUND

						Page No.			
Г	PLEASE TYPE OR PRINT		$\neg$	Γ					
NAME				LOCAL UNIO	OCAL UNION NO. WHERE WORK IS PERFORMED			840	
ADDRESS				EMPLOYER'S	FEDERAL	••••			
CITY, STATE I	•		.	REGISTRATIO	N NO			•••••	
	This Transmittal Covers ALL Payroll \	Weeks Ending	in Calendar M	ONTH OF		19			
COLUMN 1	COLUMN 2	COL.3	COL. 4	COL.5	COL. 6	COL.7	COL. 8	COL.9	
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	PREMIUM HOURS	WORKING DUES		
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Form MPR-102A (Rev. 1980) C	heckwhen more forms are needed.	•					·		