Venue______________________________ Employer___________________________

I.A.T.S.E. LOCAL 115

JACKSONVILLE • TALLAHASSEE • GAINESVILLE • ST. AUGUSTINE

Day___________ Date_______________ Show______________________________

Department Codes: 1-Stagehand, 2-Steward, 3- Dept. Head, 4-Wardrobe, 5-Rigger, 6-Truck Loader, 7-Head Rigger

													TOTALS:			
Dept.	Name	SS#	START TIME	IN REG.	IN OT	END TIME	PERF.	OVER PERF.	START TIME	OUT REG.	OUT OT	END TIME	REG. HOURS	OT HOURS	PERF.	TRAVEL
												Totals:	0	0	0	0

Distribution: 1-Local 115 Office, 2-Employer, 3- Keep for your records

Approved by: Foreman ____________________ Steward __________________________

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