

NON-SIGNATORY CALENDAR

APPRENTICES ARE REQUIRED TO SUBMIT THE FOLLOWING INFORMATION ON A
MONTHLY BASIS AND WITHIN 24 HOURS OF BEING LAID-OFF

APPRENTICE NAME: _____

CONTRACTOR NAME: _____

PROJECT NAME: _____

EMPLOYMENT START DATE: ____ / ____ / ____ STILL WORKING

TERMINATION DATE: ____ / ____ / ____

MONTH: _____ YEAR: _____

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

TOTAL HOURS PER MONTH: _____

- THE HOURLY RATE OF PAY INDICATED ON MY CHECK STUB IS \$ _____ PER HOUR.
- I DID NOT RECEIVE A CHECK STUB WHEN I WAS LAID OFF.
- I HAVE NOT BEEN PAID.

SIGNATURE: _____

DATE: _____

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