

# UA Local Union 488 JOB STEWARD REPORT

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UA LOCAL UNION 488

**INCOMPLETE FORMS WILL NOT BE PROCESSED - PLEASE PRINT CLEARLY**

NAME		SIN
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE NUMBER (       )		NAME OF BUSINESS AGENT
<b>JOB SITE INFORMATION</b>	NAME OF EMPLOYER	
	JOB NAME	JOB LOCATION
	PIPING SUPERINTENDENT	
	ASSISTANT STEWARD	
	NUMBER OF EMPLOYEES	HOURS OF WORK
	DATE FROM	DATE TO
JURISDICTIONAL DISPUTES		

All Claims for Job Steward fees MUST BE MADE WITHIN THREE (3) MONTHS after said fees have been earned

\_\_\_\_\_  
**Signature of Job Steward**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Business Agent**

\_\_\_\_\_  
**Date**

Reimbursement requests made beyond three (3) months will NOT be paid

APPROVED MONTH(S)
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DATE APPROVED
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