

Apprentice Pay Raise Request

(Please print legibly)

Name: _____

Date: _____

Address: _____

Indentured Date: _____

_____ Phone Number: _____

Local No. _____

Current Month/Year Position _____

Current Percentage: _____

Current Base Wage: \$ _____

Office Use Only

Hours Required

Hours Reported

Additional Hours

Contractor: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

In order to process your request, all Monthly Work Reports and copies of paycheck stubs must be completed and in your file. Raises will not be considered otherwise.