



IAM&AW
Local Lodge 1202



**OUT OF WORK STAMP
NOTIFICATION FORM**

Shop _____ **Date** _____

Shop Chair Signature _____

Member Name

Reason

Layoff Disability Family Leave Workmans Comp

_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]

This form must be filed at the Union Hall Office by the Shop Chairman

IAM&AW
412 Hanks Ave
Aurora, IL 60505

fax 630-896-7769