



# IATSE Local 834 PAY DISCREPANCY FORM

Please fax or email back to IATSE Local 834  
Email: office@iatse834.com Fax: (404) 361-4255

Date: \_\_\_\_\_

Referral Name: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

Employing Company: \_\_\_\_\_

Show Name: \_\_\_\_\_

Company Supervisor: \_\_\_\_\_

Show Location: \_\_\_\_\_

Union Steward: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Problem: Incorrect Hours \_\_\_\_\_ Incorrect Rate \_\_\_\_\_

Classification: Journeyman \_\_\_\_\_ Rigger 1 \_\_\_\_\_ Forklift \_\_\_\_\_  
 Apprentice \_\_\_\_\_ Rigger 2 \_\_\_\_\_ Checker \_\_\_\_\_  
 Extra \_\_\_\_\_ Steward \_\_\_\_\_ Ground \_\_\_\_\_  
 Steward \_\_\_\_\_ Traffic \_\_\_\_\_  
 Lead \_\_\_\_\_

Correct BASE Rate: \$ \_\_\_\_\_ Per Hour

## **STOP - DO NOT WRITE BELOW THIS LINE**

		REG	OT	DT
<b>Monday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .
<b>Tuesday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .
<b>Wednesday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .
<b>Thursday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .
<b>Friday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .
<b>Saturday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .
<b>Sunday</b>	Hours Worked	.	.	.
Date	Amount Earned	\$ .	\$ .	\$ .

Amount Earned: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Company Comments: \_\_\_\_\_

Expected date of pay adjustment: \_\_\_\_\_ Per: \_\_\_\_\_