Attention Local 834 Members and Referrals:

According to the Collective Bargaining Agreement, Article 2, Section 2.031, "each applicant for Journeyman or Apprentice under this Agreement shall be required to prove all required hours of experience to the satisfaction of the Joint Classification and Training Committee pursuant to rules adopted by the Committee."

Effective immediately, two forms will be available to referrals to assist in obtaining proof of hours of employment.

1. **Form "A": <u>Request for Hours Verification</u>**
   This form is to be sent to each of the companies by the referral with **stamped, self-addressed envelopes** for the companies to mail the verification of hours directly to the referral at their home address.
   (Please do not call these companies. Correspond via mail only.)

2. **Form "B": <u>Application for Advancement</u>**
   This form is to be completed by referrals with total hours received from each company and returned to IATSE Local 834 with all original documentation from the companies.

The JCTC meets the third Wednesday of every month. Applications for advancement must be submitted by the week before the meeting to IATSE Local 834 at the above address.

For your convenience, listed below are the addresses of our contract companies. All correspondence should be addressed to the attention of the **Payroll Department**.

Freeman
841 Joseph E. Lowery Blvd
Atlanta, GA 30318

George E. Fern (c/o Showpay)
565 Dutch Valley Rd NE
Atlanta, GA 30324

GES Global Experience Specialists
P.O. Box 400430
Las Vegas, NV 89140

Shepard Exposition Services
1424 Hills Place NW
Atlanta, GA 30318

You may request to have these forms mailed to you, or you may pick them up at IATSE Local 834 Tuesday through Thursday between 10:00 AM and 2:00 PM.

Sincerely,

Danny L. Barrow
IATSE Local 834 Business Representative

IATSE LOCAL 834
REQUEST FOR HOURS VERIFICATION

REQUEST DATE: _____

FOR: _____ SS#: _____

I am requesting verification of my total hours of work from the period _____ to _____, to be mailed or faxed to me at:

_____
Name

_____
Address

_____
City / State / ZIP

_____
Fax #

Or sent to IATSE Local 834 at:

Fax: (404) 361-4255
Email office@iatse834.com

RESPONSE:

_____
_____
_____
_____
_____

From:

_____
Company Representative Date

_____
Company

Form "A"
A copy of this form is to be sent by referrals to each company with a stamped, self-addressed envelope to obtain verification of hours.

IATSE LOCAL 834
REQUEST FOR HOURS VERIFICATION

REQUEST DATE: _____

FOR: _____ SS#: _____

I am requesting verification of my total hours of work from the period _____ to _____. to be mailed or faxed to me at:

_____
Name

_____
Address

_____
City / State / ZIP

_____
Fax #

Or sent to IATSE Local 834 at:

Fax: (404) 361-4255
Email office@iatse834.com

RESPONSE:

_____
_____
_____
_____
_____

From:

_____
Company Representative Date

_____
Company

Form "A"
A copy of this form is to be sent by referrals to each company with a stamped, self-addressed envelope to obtain verification of hours.

IATSE LOCAL 834
REQUEST FOR HOURS VERIFICATION

REQUEST DATE: _____

FOR: _____ SS#: _____

I am requesting verification of my total hours of work from the period _____ to _____, to be mailed or faxed to me at:

_____
Name

_____
Address

_____
City / State / ZIP

_____
Fax #

Or sent to IATSE Local 834 at:

Fax: (404) 361-4255
Email office@iatse834.com

RESPONSE:

_____
_____
_____
_____
_____

From:

_____
Company Representative Date

_____
Company

Form "A"
A copy of this form is to be sent by referrals to each company with a stamped, self-addressed envelope to obtain verification of hours.

IATSE LOCAL 834
REQUEST FOR HOURS VERIFICATION

REQUEST DATE: _____

FOR: _____ SS#: _____

I am requesting verification of my total hours of work from the period _____ to _____, to be mailed or faxed to me at:

_____
Name

_____
Address

_____
City / State / ZIP

_____
Fax #

Or sent to IATSE Local 834 at:

Fax: (404) 361-4255
Email office@iatse834.com

RESPONSE:

_____
_____
_____
_____
_____

From:

_____
Company Representative Date

_____
Company

Form "A"
A copy of this form is to be sent by referrals to each company with a stamped, self-addressed envelope to obtain verification of hours.

IATSE

Exhibition Employees Local 834
Joint Classification and Training Committee
Application for Advancement Certification of Hours of Employment

Application for Advancement to:

_____Journeyman

_____Apprentice

_____ _____

Name Social Security #

_____ _____

Address City ZIP Telephone

EMPLOYER NAME:	WORK DATES:	HOURS:
Freeman:		
George Fern:		
GES Global Experience Specialists:		
Shepard Exposition Services:		
Other:		
Other:		
Other:		
Other:		

Form "B"
This form is to be completed by referral with total hours received from each company and returned to IATSE Local 834 with all original documentation.