CONTINUATION SHEET

Г			PLEASE TYPE OR PRINT	LOCALTINION	Page No. OCAL UNION NO. WHERE WORK IS PERFORMED			
NAME LOCAL UNION NO. WHERE WORK IS						JAK 15 I ERI OKINES .		
ADDRESS								
CITY, STATE EMPLOYER'S FEDERAL REGISTRATION NO.								
This-Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH OF								
COLUMN 1			COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5	
SOCIAL SECURITY NUMBER		CURITY BER	NAME OF EMPLOYEE LAST NAME, FIRST NAME AND MIDDLE INITI	AL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	
							4	
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Form No. MPR-2 1-93 Checkwhen more forms are needed. TOTAL THIS PAGE							1	