	√ VA(VACATION REPORTING FORM				
Member's Name				\sim		
Member's Address						
(City)		(State)		(Zip)		
IA Member Number			Phone #			
Vacation Date From			_ To _			
Member's Signature						
Employer						
Return to Shee	et Metal Workers	s' LU #12 at 1200	Gulf Lab Ro	ad; Pittsburgh, PA 152	:38	
Member's Name	4	AL WORKERS' L CATION REPORT		I NO. 12		
Member's Address						
(C:t.)		(Ctoto)		(7: _n)		
(City)		(State)	5	(Zip)		
IA Member Number			Phone #			
Vacation Date From			_ To _			
Member's Signature						
Employer Return to Shee	et Metal Workers	s' LU #12 at 1200	Gulf Lab Ro	ad; Pittsburgh, PA 152	238	
Member's Name	4	AL WORKERS' L CATION REPORT		I NO. 12		
Member's Address						
(City)		(State)		(Zip)		
IA Member Number			Phone #			
Vacation Date From			_ To _			
Member's Signature						
Employer						

SHEET METAL WORKERS' LOCAL UNION NO. 12