



**INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL WORKERS
LOCAL 1555**



**OUT OF WORK LIST FORM
(RULE 9)**

IBEW Card#: _____

First phone contact by phone after 2:30 pm on the day of layoff.

Date: _____

YYYY-MM-DD

First Name: _____

Last Name: _____

Sign: _____

Date: _____

YYYY-MM-DD

**TRAVEL LIST FORM
(RULE 10)**

	Yes	No
Travel List	<input type="checkbox"/>	<input type="checkbox"/>

Sign: _____

Date: _____

YYYY-MM-DD

Remove From Travel List

Sign: _____

Date: _____