

(MISSING)Retro Pay and Information needed- 2020



Local 170

- *First Name: _____
- *Last Name: _____
- _____
- *Employee Identification Number (EIN): 8 digits _____
- *Phone Number: _____-_____-_____

- Street Address: _____
City : _____ State: _____ Zip Code: _____

- *Seniority Date: _____

- *Duty Station Name: _____

- Duty Station
Address: _____
City: _____ State: _____ ZipCode: _____
—

- *Craft: _____
- *Level: _____
- *Step: _____

Fax (completed) form to 419-243-0153 or Scan to Pres@apwulocal170.org