



ICG | INTERNATIONAL
CINEMATOGRAPHERS
GUILD • LOCAL 669

SHOP STEWARD Time Card/ Report

PRODUCTION NAME: _____

Shop Steward NAME: _____

PROCEDURE FOR WORKING DUES REIMBURSEMENT:

Please note that in order to have your working dues reimbursed your **Shop Steward Agreement** must be signed and returned to the Union office immediately upon commencing as a Shop Steward for approval from the ICG 669 Steward Committee.

Additionally, a **Shop Steward Time Card/ Report** form must be completed, signed and submitted to the Union office within 30 days of the completion of your duties as Shop Steward with all pertinent information (e.g. exact dates), otherwise you will forfeit payment.

I was **Shop Steward** for production name _____
from _____ to _____ (last day worked as Shop Steward)

(Payment for shop steward duties are issued every calendar quarter and are capped @ \$10 a day)

PLEASE REIMBURSE BY CHEQUE:

Please mail cheque:

Please call me to pick up cheque at:

Appointed Shop Steward

Steward Representative Authorization

Report to be completed when turning in Time Card for working dues reimbursement:

1) Joint Health & Safety Committee meetings:

- a) I was able to attend the Joint Health & Safety Committee meetings
- b) When unable to attend I appointed a suitable replacement

2) The following issues arose on the production:

- A)
- B)
- C)

3) These issues were resolved (how), or not resolved (why):

- A)
- B)
- C)

4) The ICG 669 Shop Steward Representative provided me with the assistance I needed – YES NO, please elaborate:

5) Please provide ICG 669 with any suggestions for how we can improve assistance to our Shop Stewards: