SCHEDULE FORM

DEPARTMENT OF LABOR AND INDUSTRY

COMMONWEALTH OF PENNSYLVANIA

Sex

Establishment No..... Scheduled weekly hours..... Shift.....

	Depart- ment	Actual earnings		Actual hours					
Name or no.		Two weeks or semi- monthly	Weekly	Two weeks or semi- monthly	Weekly	Hours over- time	Hours under- time	Status of hours	Annual earnings 1927
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