

FORM 4394  
**HOWARD SHRADE**

C. S. ✓

PER. REC. NO. \_\_\_\_\_

EMP. NO. 604

**EMPLOYMENT CARD**



PERSONAL SIGNATURE—FULL NAME Howard Shrader

FIRST LINE BELOW TO BE WRITTEN IN INK BY FOREMAN: BALANCE BY TIMEKEEPER

10-20-50000-B

RATE OF PAY	OCCUPATION	LOCATION	AUTHORITY	
			DATE EFFECT.	DIVN. NO.
52	Machist Appr	Mach. Shop.	10-2-22	
70	MACHINIST	✓ ✓	1-1-23	4454-1347

Out of Service (Date) 5-19-23  
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Out

DATE LEFT SERVICE \_\_\_\_\_ CAUSE \_\_\_\_\_