AFSCME Minnesota Council 5

300 Hardman Avenue So ♦ South St Paul MN 55075 ♦ 651-450-4990

Email this form to lup.requests@afscmemn.org or fax to 651-287-0597

LOCAL UNION / POLICY COMMITTEE REQUEST FOR PAYMENT OF ALLOWANCE - LOST TIME

(Forms must be received by the Council office by 4:00 p.m. the Monday of the first full week or by 4:00 p.m. the Monday of the third week. Please review your LUP calendar for actual due dates.)

Local Union / Policy Committee _____

Payment Code #

400	Officer Allowance	407	Local Newsletter	413	MN people
401	Convention	408	Local Organizing	414	Negotiations
402	Central Body	409	Local PC Allowance	415	PC Allowance
403	Executive Board	410	Local Steward	417	Ed & Training
404	Grievance /Arbitration	411	LT Other	418	Trades & Labor
405	Legislative				

NAME (first, ***middle initial*** , last) **(please print clearly - *do not use nicknames*)**	**Payment Code #**	**Date of activity***	**Hours**	**Hourly Rate**	**Gross Amount**	**Advance Issued 70% of Gross**
EXAMPLE JOHN A. PETERSON	400	9/1/2014	8	10.00	80.00	
				Total of this page only -		

*** STATE UNEMPLOYMENT REPORTING REQUIREMENTS NECESSITATE THE NEED FOR SPECIFIC DATES & HOURS WORKED**

Council Use Only:

date rec'd.: _____

date paid:

Submitted by (please print): _____
(president / treasurer)

Date submitted (mm/dd/yy): _____

Email _____ **or Phone Number** _____

Notice… Complete calculation out to the gross amount column

COUNCIL 5 AFSCME UNION LABEL