

Date Received _____

●LOST-TIME REIMBURSEMENT FORM●

(For local union payroll reimbursement)

● AFSCME Local 66 ● AFL-CIO

P.O. Box 563 Virginia, MN 55792-0563 ● (218) 969-2123 with questions

NAME: _____

LOCAL 66

ADDRESS: _____

PLACE AN "X" OR CHECK HERE IF THIS IS AN ADDRESS CHANGE

Completely fill out **ALL** requested data below; incomplete forms will be returned and thus delay processing of your reimbursement:

<u>DATE</u>	<u>REASON/FUNCTION (be very specific)</u>	<u>HOURS</u>	<u>HOURLY RATE</u>	<u>SHIFT DIFF (if applic.)</u>	<u>AMOUNT</u>	<u>ACCOUNT</u>
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
_____	_____	_____	@ _____	_____	= _____	_____
				GRAND TOTAL	=	=====

DATE PAID: _____
CHECK NO.: _____
APPROVED BY: _____

SIGNATURE (Lost Time form must be signed or it will be returned for a signature)

PLEASE SUBMIT PROMPTLY!

You must email this form to Wendy Wohlwend, President, for approval.

Please email **completed and SIGNED** form to afscmelocal66@gmail.com

If you do not have access to email, put the form in the mail.