

Date Received _____

● **LOST-TIME REIMBURSEMENT FORM** ●

(For local union payroll reimbursement)

● AFSCME Dakota County Local _____ ● AFL-CIO

NAME: _____

LOCAL _____

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 submit this form to your Dakota County Local President for approval.