**AFSCME LOCAL 4001**

Lost Time Reimbursement Form

Completely fill out ***ALL*** requested data below. Incomplete or unsigned forms will not be processed.

***USE SEPARATE LINE FOR EACH DAY.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Event/Meeting/Reason** | **Date of work missed** | **Regular scheduled shift** | **# of hours of Lost Time** | **# of Hours of Shift Diff**  **(if Applicable)** | **Regular Hourly wage**  **(not including shift diff)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

|  |
| --- |
| AFSCME Local 4001 Reimburses members for their lost time based on a member’s ACTUAL hourly rate. **Lost-time is only reimbursed for scheduled workdays for actual hours of lost work time. Shift diff is paid @$2.25 per hour for regularly scheduled hours between 6PM and 6AM per the State Contract.** The above amounts are taxable and subject to federal and state mandated withholding, such as income tax, FICA, Medicare, and unemployment insurance. Payroll checks will be processed by the Council 5 offices two times each month. In order to receive lost time, you must have a W4 and Direct Deposit form on file on AFSCME Council 5’s MemberLink. |

Reimbursable expenses are tax free and are applied for on a separate form available @ [**AFSCMELocal4001.org**](http://www.afscmelocal4001.org)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*PLEASE RETURN TO: [JSH218@hotmail.com](mailto:JSH218@hotmail.com) \*\*\*\*