

AFSCME LOCAL 4001

Lost Time Reimbursement form

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

	Event/Meeting/Reason	Date/s of work Missed	# of hours of Lost Time	Hourly Wage	Shift Diff (if Applicable)	Total Hourly Wage(hrly wage + shift Diff)
1.						
2.						
3.						
4.						
5.						

AFSCME Local 4001 Reimburses members for their lost time on the basis of a member's ACTUAL hourly rate. **Lost-time is only reimbursed for scheduled work days for actual hours of lost work time.** 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 Council 5's Memberlink.**

Reimbursable expenses are tax free and are applied for on a separate form available @ AFSCMELocal4001.org

NAME: _____

ADDRESS: _____

City: _____ ST: _____ Zip: _____

Signature: _____

*****PLEASE RETURN TO*****

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