

2024 LOST TIME SHEET

All Union Reimbursement forms must be filled out accurately and completely

NAME: _____ SS #: _____

BIRTH DATE: _____ EMPLOYER: _____

ADDRESS: _____

HOURLY RATE OF PAY: \$ _____ RATE MUST BE FILLED OUT WITH CORRECT INFORMATION WITH EACH FORM.

❖ *Current W-4 must be on file for 2024 (If no form is on file taxes will be paid at S-0 Fed/State)*

I certify that I was unable to work the below scheduled hours due to conducting official Union business.

SIGNATURE: _____ DATE: _____

DATE:	PURPOSE OF LOST TIME: (Ex: Negotiations, Steward's Training, etc.)	TOTAL HOURS CLAIMED:

Approval: Brian Aldes,
Secretary Treasurer/320

Approval: Business Agent