

## AFSCME LOCAL 602 LOST-TIME REIMBURSEMENT FORM

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

	Event/ Meeting/ Reason	Date/s of Work Missed	Work Schedule <small>(start time/end time)</small>	# of Hours Lost Time	Hourly Wage Rate	Shift Diff (if applicable)		Reimbursed Lost Time Wages
1.				hours X			=	\$ -
2.				hours X			=	\$ -
3.				hours X			=	\$ -
4.				hours X			=	\$ -
5.				hours X			=	\$ -
					<b>TOTAL</b>			\$ -

AFSCME Local 602 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 – during the first and third weeks.

Claims should be received by the Treasurer by Friday of the second and fourth weeks of each month to be processed on the following week's payroll. (Reimbursable expenses are tax-free and are applied for on a separate form.)

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

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

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

Date: \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_

**President Signature:** \_\_\_\_\_

**\*\*\*Please return to:  
Treasurer of AFSCME Local 602**