



**AFSCME LOCAL 3142**  
 MINNESOTA DEPARTMENT OF PUBLIC SAFETY

## LOST TIME & STIPEND PAY

**SEND TO:**  
**Paula Nieman**  
 609 17<sup>th</sup> Ave N  
 South St. Paul, MN 55075

MEMBER NAME:	DATE:
ADDRESS:	SIGNATURE:
CITY/ZIP:	<input type="checkbox"/> CHANGE OF ADDRESS

Date	Function / Purpose	Hours	Hourly Rate	Shift Difference (if Applicable)	Total Amount	Account
<b>WEEKLY TOTALS</b>						

<b>Treasurer / President Approval:</b>	<b>Date:</b>
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**Notes:**

*For Office Use Only*

<i>Initials:</i>	<i>Date:</i>
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