**Local Union Lost Time Voucher**

**Local #**

Date Of Check: Check Number:

Week Ending: Name:

Ss#: Hourly Rate:

Office held at Local:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Day | Hours | Rate | Explanation of Lost Time | Total Amount |
|  | Mon |  |  |  |  |
|  | Tues |  |  |  |  |
|  | Wed |  |  |  |  |
|  | Thurs |  |  |  |  |
|  | Fri |  |  |  |  |
|  | Sat |  |  |  |  |
|  | Sun |  |  |  |  |
|  | Total Hours: |  |  | **Gross Total** |  |

**Deductions**: FICA: Gross Total:

 Federal Tax: Total Deductions:

 State Tax: **Net Total Paycheck**:

 Local Tax:

I certify that Lost Time was incurred by me, and I did not receive compensation for these hours by my employer. I further certify that I worked the above hours on behalf of the union.

Signature Date

Attached Copy of Paystub/Time Card showing lost time and hourly rate