

**Local Lost Time Voucher**

Date of Check\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 for these hours by my employer. I further certify that I worked the above hours on behalf of the union.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Check received