## AFSCME Local 668

## Lost Time Claim Form

Please Complete One Form per Union Activitiy. Submit to Local Treasurer for Processing.

Note: In order to file a lost time claim, you must have on file in the Council 5 payroll office an IRS W-4 and an Immigration and Naturalization Service Form I-9, both of which are available on the Local 668 web site along with instructions. Each form need only be filed once, unless you wish to make changes. The Local Treasurer signs off on the INS I-9 form and forwards all paperwork to Council 5. No personal records are kept by the Treasurer.

Name		Today's Date			
City, State, Zip		Name			
Work Phone ()   Claim Information   Purpose (Activity)   Please be specific   Activity Location   Activity Date(s)   Total Hours   X Hourly Pay Rate \$   Total Claim Amount \$		Home Address			-
Claim Information   Purpose (Activity)   Please be specific   Activity Location   Activity Date(s)   Total Hours X Hourly Pay Rate \$ = Total Claim Amount \$		City, State, Zip			-
Purpose (Activity)   Please be specific   Activity Location   Activity Date(s)   Total Hours   X Hourly Pay Rate \$   = Total Claim Amount \$		Work Phone	()		
Please be specific   Activity Location   Acitivity Date(s)   Total Hours X Hourly Pay Rate \$ = Total Claim Amount \$	Clai	m Information			
Acitivity Date(s)					
Total Hours X Hourly Pay Rate \$ = Total Claim Amount \$		Activity Location			
		Acitivity Date(s)			
Signature		Total Hours X	Hourly Pay Rate \$	_ = Total Claim Amount \$	
Signature					
		Signature			

## For Office of the Treasurer Use Only

Date Received	
Approved by Treasurer	
Approved by Other	Position
	Payroll
Date Submitted to Council 5	Form ID