

AFSCME Local 3937

LOST-TIME REIMBURSEMENT FORM

Please print the following:

Name	
Address	
City, State, Zip Code	
Email Address	
Phone	

You must complete column 1-4 before submitting to Treasurer

Date	Reason for Function (<i>be specific</i>)	Hours	Your Hourly Rate	Shift Diff (if applicable)	Total

Your Signature (required for payment): _____

Approved by: _____

AFSCME LOCAL 3937
312 Central Ave SE, Suite 356
Minneapolis, MN 55414