



Western Michigan Area Local #281
American Postal Workers Union, AFL-CIO



**LEAVE WITHOUT PAY (LWOP), TRAINING, &
COMMITTEE HOURS REIMBURSEMENT VOUCHER**

NOTICE: Voucher Must Be Signed. 3971s MUST Accompany Voucher!
Level and Step must be indicated. Submit within 30 days of occurrence.

Expenditure Authorized by:
Membership/Motion Budget Constitution Policy/By Laws Other

Signature: _____ Today's Date: _____

Name: _____ EID / SSN#: _____

Address: _____ Phone: (____) _____

ENSURE PS FORM 3971S ARE ATTACHED TO BACK OF THIS FORM

Assignment or Reason for LWOP: _____

Date(s) of LWOP: _____

Total # hrs: _____ Nigh Differential # Hrs: _____ Sunday Premium # Hrs: _____

USPS Level: _____ Step: _____ Hourly Rate: \$ _____ Night Diff Rate: \$ _____

Training & Committee Hours

*Other than LWOP *\$15 per hours (local policy) *Must be an approved event.

Event/Committee Name: _____ Dates(s): _____

Training Hours: _____ + Committee Hours: _____ = Total Hrs: _____

FOR OFFICIAL USE ONLY BELOW THIS LINE! Do Not Fill In!

Total LWOP Hrs: _____ X _____ = _____
Total Night Diff: _____ X _____ = _____
Total Sun Prem: _____ X _____ = _____
Total Other Hrs: _____ X _____ = _____

Date Received: _____

Comments:

Authorized Signatures:

President's Signature

Date

Total Paid: _____

Check # _____