

Western Michigan Area Local
 American Postal Workers Union, AFL-CIO
***Leave Without Pay (LWOP), Training, and Committee Hours
 Reimbursement Voucher***

Notice: 3971s MUST Accompany Voucher! Voucher MUST be signed. Level and Step must be indicated. Submit within 30 days of occurrence.

Expenditure Authorized by:

Membership Motion Budget Constitution Policy/By-Laws Other

Signature _____ Date: _____

Name: _____ SSN / EID: _____

Address: _____ Phone: _____

Attach 3971 to Back of Form

Assignment or Reason for LWOP: _____

Date(s) of LWOP: _____

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

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

Training & Committee Hours

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

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

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

***** BELOW IS FOR OFFICIAL UNION USE ONLY—DO NOT FILL IN *****

Total LWOP Hrs: _____ X _____ = _____

Total Night Diff: _____ X _____ = _____

Total Sun Prem: _____ X _____ = _____

Total Other Hrs: _____ X _____ = _____

Comments:

Authorized Signatures:

President: _____ Date: _____

Total Paid: \$ _____

Treasurer: _____ Date: _____

Check #: _____