

LWOP/ANNUAL LEAVE
TEXAS POSTAL WORKERS UNION
CLAIM AND PAYMENT VOUCHER

***All claims must be made on the proper forms. Vouchers for LWOP MUST be accompanied by a copy of the form 3971. Claims without a 3971 must be made on a Union Wage Voucher. Page 2 of each claim voucher must be completed in detail.

Date _____

Claimant: _____ SS#: _____

Retired: Yes _____ No _____

Craft: _____ Expense Date: ____/____/____ Amount: _____

L.W.O.P. _____ HOURS@ \$ _____ PER HOUR LEVEL: _____

ANNUAL LEAVE _____ HOURS@ \$ _____ PER HOUR STEP: _____

NIGHT DIFFERENTIAL _____ HOURS SUNDAY PREMIUM _____ HOURS

Signature of Claimant

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Signature of President/Designee

Date

PAYMENT ACTION

DATE PAID: _____

AMOUNT CLAIMED: _____

CHECK NO. _____

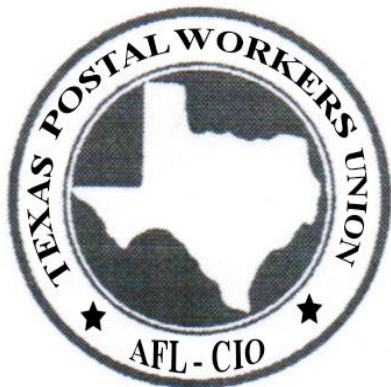
FICA _____

DEDUCTIONS: _____

AMOUNT PAID: _____

SIGNATURE of SECRETARY-TREASURER

DATE



L.W.O.P/ ANNUAL LEAVE

TEXAS POSTAL WORKERS UNION

CLAIM AND PAYMENT VOUCHER

DATE	EMPLOYEE NAME	HOURS OF WORK	TOTAL HOURS WORKED	NATURE OF GRIEVANCE/OFFICIAL UNION BUSINESS
		Beginning Time _____ Ending Time _____		
		Beginning Time _____ Ending Time _____		
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