

IAMAW Local Lodge 846  
Baltimore, MD 21240

# Lost Time Voucher

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Airline: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Hourly Pay Rate: \_\_\_\_\_ Check here if change in rate: \_\_\_\_\_

### Lost Time:

Dates and Hours of missed work: \_\_\_\_\_

Number of Hours requesting lost time for: \_\_\_\_\_

Regular Days Off: \_\_\_\_\_ Regular Scheduled Shift: \_\_\_\_\_

Reason for Lost Time: \_\_\_\_\_

### Lost Time

Dates and Hours of missed work: \_\_\_\_\_

Number of Hours requesting lost time for: \_\_\_\_\_

Regular Days Off: \_\_\_\_\_ Regular Scheduled Shift: \_\_\_\_\_

Reason for Lost Time: \_\_\_\_\_

(Motion # that was passed to pay for lost time) \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Check Date: \_\_\_\_\_ Check Number: \_\_\_\_\_

Gross Amount Paid: \_\_\_\_\_ Net Earnings: \_\_\_\_\_

Federal Tax: \_\_\_\_\_ State Tax: \_\_\_\_\_ Medicare: \_\_\_\_\_ Social Security: \_\_\_\_\_

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Member's Signature: \_\_\_\_\_

Trustee Signature: \_\_\_\_\_

SEAL

Trustee's Signature: \_\_\_\_\_