**USP Local 1**

**Lost Wages Reimbursement**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Reason for Lost Wages | Hours  Lost | Pay Rate | OT Hours  Lost | OT  Rate | Total Pay  Lost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Total Lost Wages Due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check number:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_

Receipts Attached YES or NO