



LOCAL LODGE 701 OFFICER, STEWARD & MEMBER CHECK REQUEST

PAY TO THE ORDER OF: _____
(Please Print)

ADDRESS: _____

CITY, STATE, ZIP: _____ BIRTH DATE: _____

DATE	HOURS	RATE	TOTAL	EXEMPTIONS
MONDAY	_____	X _____	_____	GROSS _____
TUESDAY	_____	X _____	_____	TAXABLE PER DIEM _____
WEDNESDAY	_____	X _____	_____	GROSS INCOME _____
THURSDAY	_____	X _____	_____	(SOCIAL SECURITY) _____
FRIDAY	_____	X _____	_____	(MEDICARE) _____
SATURDAY	_____	X _____	_____	(FEDERAL W/H) _____
SUNDAY	_____	X _____	_____	(STATE W/H) _____
				(OTHER W/H) _____
				NET WAGES _____

REASON: _____

SCHEDULE 15	%	SCHEDULE 16	%	SCHEDULE 17	%	SCHEDULE 18	%	SCHEDULE 19	%
REPRESENTATIONAL ACTIVITIES		POLITICAL ACTIVITIES AND LOBBYING		CONTRIBUTIONS, GIFTS & GRANTS		GENERAL OVERHEAD		UNION ADMINISTRATION	
PREPARATION FOR AND PARTICIPATION IN THE NEGOTIATION OF COLLECTIVE BARGAINING AGREEMENTS. EFFORTS TO BECOME THE EXCLUSIVE BARGAINING REPRESENTATIVE FOR ANY UNIT OF EMPLOYEES. KEEP FROM LOOSING A UNIT IN A DECERTIFICATION ELECTION OR TO ANOTHER UNION RECRUITING NEW MEMBERS		POLITICAL DISBURSEMENTS OR CONTRIBUTION MONEY. ENTITIES AND INDIVIDUALS ASSOCIATED WITH DEALING WITH THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE FEDERAL, STATE, AND LOCAL GOVERNMENTS AND WITH INDEPENDENT AGENCIES AND STAFFS TO ADVANCE THE PASSAGE OR DEFEAT OF EXISTING OR POTENTIAL LAWS OR THE PROMULGATION OR ANY OTHER ACTION WITH RESPECT TO RULES OR REGULATIONS (INCLUDING LITIGATION EXPENSES)		CHARITABLE CONTRIBUTIONS, OR CONTRIBUTIONS TO SCHOLARSHIP FUNDS. EXAMPLES OF ADEQUATE DESCRIPTIONS ARE: MEDICAL RESEARCH, COMMUNITY DEVELOPMENT, JOB RETRAINING, EDUCATION, DISASTER AND RELIEF ASSISTANCE, OR ATHLETIC AND YOUTH SPONSORSHIPS.		NOT ALLOCABLE TO ANY OF THE OTHER DISBURSEMENT CATEGORIES IN STATEMENT B. WOULD INCLUDE SUPPORT PERSONNEL AT HEADQUARTERS, BUILDING MAINTENANCE PERSONNEL AND SECURITY GUARDS. THE SALARY OF AN ASSISTANT, WHENEVER POSSIBLE, SHOULD BE ALLOCATED AT THE SAME RATIO AS TH PERSON OR PERSONS TO WHOME THEY PROVIDE SUPPORT (SCHEDULE 11 AND 12) THE PURPOSE SHOULD INCLUDE SUFFICIENT DETAIL TO DETERMINE WHY THE DISBURSEMENT CANNOT BE ALLOCATED TO ANOTHER SCHEDULE.		INCLUDES NOMINATION AND ELECTION OF OFFICERS, THE UNIONS REGULAR MEMBERSHIP MEETINGS, INTERMEDIATE, NATIONAL, AND INTERNATIONAL MEETINGS, UNION DISCIPLINARY PROCEDURES, THE ADMINISTRATION OF TRUSTEESHIPS, THE ADMINISTRATION OF APPRENTICESHIP AND MEMBER EDUCATION PROGRAMS (NOT INCLUDING POLITICAL EDUCATION WHICH SHOULD BE REPORTED IN SCHEDULE 16) THE PURPOSE SHOULD BE SUFFICIENT TO EXPLAIN WHY IT'S NOT INCLUDED IN ANOTHER SCHEDULE.	

MILEAGE:

DATE	FROM	TO	RETURN? YES OR NO	TOTAL MILEAGE	RATE	TOTAL

MISCELLANEOUS EXPENSES: _____

(ORIGINAL RECEIPTS REQUIRED)

BY SIGNING BELOW I CERTIFY THAT THE WAGES AND/OR EXPENSES REQUESTED HEREIN WERE INCURRED IN THE PERFORMANCE OF OFFICIAL UNION BUSINESS FOR LOCAL 701.

***** EITHER WRITTEN ACKNOWLEDGEMENT FROM YOUR EMPLOYER ENSURING THAT YOU WILL NOT BE PAID FOR THE TIME OFF IN ADVANCE OR A COPY OF YOUR PAYSTUB SHOWING THAT YOU DID NOT RECEIVE COMPENSATION IN ANY FORMAT IS REQUIRED BEFORE PAYMENT OF LOST TIME. *****

SIGNATURE: _____
REQUIRED SIGNATURE OF MEMBER REQUESTING PAYMENT

DIRECTING BUSINESS REPRESENTATIVE'S SIGNATURE OF APPROVAL

REPRESENTATIVE'S SIGNATURE OF APPROVAL

PRESIDENT'S SIGNATURE

DATE _____ NET WAGES _____

DATE _____ NET EXPENSES _____

DATE _____ CHECK TOTAL _____

DATE _____ CHECK DATE _____

CHECK NUMBER _____

Employee Lost Time Acknowledgement

Company/Employer: _____

Date of Official Union Business: _____

Reason for lost time: _____

Supervisors Name: _____
Print name

Supervisor Signature: _____

Date Signed: _____

Employers please note: This form is for ensuring that the employer does not pay the Union member for the same time he/she is requesting the Union to pay. (Lost Time) The employer's acknowledgement must be in writing using this form or on company letterhead.

Local 701 Members please note: Either written acknowledgement from your employer ensuring that you will not be paid for the time off in advance or a copy of your paystub showing you did not receive compensation in any format is required before payment of lost time. This form must be attached to the lost time form when applying for lost wages.