

Local # 18
United Government Security Officers of America
UGSOA
WAGE CLAIM FORM

Members requesting reimbursement of lost wages or reimbursement for services due to attending Union business must complete the top section and submit to the Treasurer.

Name:

Date(s):

Reason:

Total hours claimed: X

Hourly pay rate: =

Number of non-work days: X

Reimbursement amount: =

Total reimbursement claimed:

Signature: _____

Treasurer must complete this section.

Total amount reimbursed:

Check number:

Date:

Signature(s): _____ & _____