



AFSCME Local 88 Lost Time Request Form

Complete a form for each event, by filling in the blanks. This form can be completed electronically and submitted via e-mail or using a hard-copy. Submit your request to our Local 88 Treasurer no later than 7 business days before the event. Once you have been approved for the time off, use code UR01 for the covered hours. These forms will be used by the Trustees when our records and books are audited.

<i>Name</i>		<i>SAP ID Number</i>	
<i>Work Schedule</i>		<i>Work telephone No.</i>	
<i>Supervisor's name</i>		<i>Supervisor's telephone number</i>	
<i>Timekeeper's name</i>		<i>Timekeeper's telephone number</i>	
<i>Hourly rate of pay</i>	\$		
<i>Event title</i>			
<i>Date/s of event</i>			
<i>Location of event</i>			
<i>Number of hours requested</i>			

Employee's Signature: _____ *Date:* _____

<i>Approved by:</i>	<i>Date:</i>	<i>Posted quarter:</i>