



united transportation union

LOST TIME REIMBURSEMENT

NAME: _____ DATE: _____

TITLE: _____

PPE: _____ WEEK ENDING: _____

Date	Position (E,F,C,B)	Job#	Pay Rate	Hours Job Worked	Wages Lost	ARRC Claim	UTU Claim
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TOTAL

____ Reason for Leave _____

Gross _____

Fed TX _____

FICA _____

____ Comments _____

Med TX _____

AK UE _____

NET _____

Check # _____ Date _____

Company Time Car Must Be Attached!