

## SEIU LOCAL 1021 MEMBER LOST TIME POLICY

All lost time must be approved in advance. Only SEIU Local 1021 union members will be eligible for lost time. Requests for lost time members to temporarily fill field staff vacancies and other programmatic needs must be approved by the Lead Director or his/her specified designee(s) in collaboration with the President or his/her specified designee(s). All lost time approvals shall be reported to the Budget and Finance Committee.

Lost time requests must specify the duration of the lost time, where in the budget the lost time will be charged, and who specifically is receiving lost time. The lost time authorization must be reported to the Treasurer or his/her designee for appropriate tracking.

Individuals will only be reimbursed lost time for the loss of regular wages based on the individual's normal day of work. No overtime wages will be covered and no lost time hours applied beyond a normal day's work. (For example, an individual on lost time normally works from 8:00 a.m. to 5:00 p.m. with an hour lunch, but while on lost time the individual works from 7:00 a.m. to 10:00 p.m. on a union activity. The individual will only be reimbursed for eight hours, excluding the lunch hour, and not the additional seven hours worked on the union activity.) If a member has employer-paid release time, the member is ineligible for lost time reimbursement.

An individual on lost time must submit (1) a paycheck stub or acceptable verification from the employer which indicates his/her rate of pay, (2) a completed W-4 form, and (3) a completed I-9 form. If an individual's rate of pay changes, s/he must submit a new paycheck stub as verification to SEIU Local 1021.

Lost time reimbursement requests must be made using the official SEIU Local 1021 Member Lost Time Reimbursement Form and signed by the individual on lost time and the Local 1021 representative who has the authority to approve lost time.

Any extension of an individual's lost time assignment beyond what was originally approved must be approved by the President or his/her specified designee(s) and reported back to the Treasurer or his/her designee for appropriate tracking.

The use of lost time must be reviewed semi-annually and the findings reported to the Executive Board.

Completed Member Lost Time Reimbursement Forms must be submitted within twenty-one (21) days of the completion of the lost time assignment.

Lost time reimbursement will be paid in accordance with the payroll cycle in which the claim form is received, if the form is received by the payroll processing due date. Otherwise the lost time reimbursement will be processed in the following payroll processing period.

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# MEMBER LOST TIME REIMBURSEMENT FORM

Be sure to attach W-4 and 1-9 forms (if not on file), current pay stub, and approved leave slip.

IS YOUR LOST TIME LEAVE WITHOUT PAY? (please check box):  YES or  NO

NAME (please print): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORKSITE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

(HOURLY RATE OF PAY: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE	#OF HOURS LOST FROM WORK	SPECIFY ASSIGNED ACTIVITY/PROJECT	COMMITTEE OR INDUSTRY CHAIR SIGNATURE (if appropriate)	TYPE OF LEAVE FROM EMPLOYER (VACATION, COMP. TIME, LV. WITHOUT PAY)	OFFICE USE ONLY

TOTAL: \_\_\_\_\_

My signature below certifies the following:

- a. The information on this form is correct.
- b. The lost time pay I am requesting is for hours I would have been working as part of my regular work schedule.
- c. My employer has reduced my pay or my accumulated leave to charge me for this time.
- d. All hours beyond my regular work day are voluntary and not paid time.
- e. I have read SEIU Local 1021's Member Lost Time Policy.
- f. My approved leave slip or other documentation of time off from work is attached.
- g. If your lost time is leave without pay, you authorize SEIU 1021 to deduct union dues from your reimbursement amount to ensure you remain a member in good standing.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FIELD DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LEAD DIRECTOR\* SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESIDENT\* SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Or specified designee