SPFPA | Lost Time Voucher

Local SPFPA Number: _____

Company: _____

Date time was lost: _____

Number of Hours Straight Time: _____ @ Hourly Rate $ _____ **Total Gross $** _____

Number of Hours Time and One Half: _____ @ Hourly Rate $ _____ **Total Gross $** _____

Detailed explanation of how time was lost: _____

(Please Print Clearly)

Marital Status: **Number of Exemptions Claimed:** **Social Security No.:**

Name:

Address:

City, State, Zip

Home Phone: **Cell:** **Work:**

Email:

Signature **Authorized By:**

(For Office Use Only)

Total Withholding

Gross: _____

Federal Tax: _____

FICA: _____

Medicare: _____ **Net Amount:$** _____

State: _____ **Date Paid:** _____

Net: _____ **Check No.:** _____