



Michigan Postal Workers Union
 American Postal Workers Union, AFL-CIO
**LEAVE WITH/WITHOUT PAY (LWOP), &
 RETIREE'S REIMBURSEMENT VOUCHER**



NOTICE: Voucher Must Be Signed. 3971s MUST Accompany Voucher!
 Level and Step must be indicated. Submit within 30 days of occurrence.

Expenditure Authorized by: *(If NOT authorized by one of these, please state reason for such below or on reverse).*

Executive Board President Constitution Policy/By Laws Budget

Signature: _____ Today's Date: _____

Name: _____ EID / SSN#: _____

Address: _____ Phone: (____) _____

ENSURE PS FORM 3971s ARE ATTACHED TO BACK OF THIS FORM

Assignment or Reason for LWOP*: _____
*Be specific - if going to offices, state the offices visited, etc. DO NOT just say Officer duties, or such. Give as much info as able (use reverse side if needed)

Date(s) of LWOP/Event: _____

Total # hrs: _____ Nigh Differential # Hrs: _____ Sunday Premium # Hrs: _____

USPS Level: _____ Step: _____ Hourly Rate: \$ _____ Night Diff Rate: \$ _____

Retiree Payment Hours

Current Level 6/O per hour (MPWU Const. Art 10, Sec 9) up to 8 hours per day

****Must be an approved event****

Event / Reason*: _____ Date(s): _____

of Hours compensated per day (Max 8): _____ Total Days: _____ Total Hrs: _____

FOR OFFICIAL USE ONLY BELOW THIS LINE! Do Not Fill In!

Total LWOP Hrs: _____ X _____ = _____

Total Night Diff: _____ X _____ = _____

Total Sun Prem: _____ X _____ = _____

Total Other Hrs: _____ X _____ = _____

Date Received: _____

Authorized Signatures:

 President's Signature Date

 Treasurer's Signature Date

Comments:

Total Paid: _____

Check # _____