



Branch 343 - Union Lost Time Form

NAME: _____ LOCATION: _____

LOST TIME/3971(hrs) _____ UNION TIME (hrs) _____

DATE(S) WORKED _____ CHECK ONE: CSRS FERS

REASON: _____

OTHER EXPENSES: _____

SIGNATURE

TODAY'S DATE

PLEASE ATTACH ALL RECEIPTS TO THIS FORM AND SUBMIT IT TO THE BRANCH