



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: _____

State: _____

Net: _____

Net Amount:\$ _____

Date Paid: _____

Check No.: _____