



AFSCME LOCAL 3142

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

LOST TIME & STIPEND PAY

SEND TO:

Paula Nieman

609 17th Ave N

South St. Paul, MN 55075

MEMBER NAME:	DATE:
ADDRESS:	SIGNATURE:
CITY/ZIP:	<input type="checkbox"/> CHANGE OF ADDRESS

Date	Function / Purpose	Hours	Hourly Rate	Shift Difference (if Applicable)	Total Amount	Account
WEEKLY TOTALS						

Treasurer / President Approval:	Date:
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Notes:

For Office Use Only

Initials:	Date:
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