



Western Michigan Area Local #281  
 American Postal Workers Union, AFL-CIO  
**LEAVE WITHOUT PAY (LWOP), TRAINING, &  
 COMMITTEE HOURS 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:  
 Membership/Motion  Budget  Constitution  Policy/By Laws  Other

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ EID / SSN#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**ENSURE PS FORM 3971S ARE ATTACHED TO BACK OF THIS FORM**

Assignment/Reason for LWOP: \_\_\_\_\_  
 Date(s) of LWOP: \_\_\_\_\_  
 Total # Hrs: \_\_\_\_\_ Nigh Differential # Hrs: \_\_\_\_\_ Sunday Premium # Hrs: \_\_\_\_\_  
 USPS Level: \_\_\_\_\_ Step: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Night Diff Rate: \$ \_\_\_\_\_

**Training & Committee Hours**

\*Other than LWOP                      \*\$20 per hours (local policy)                      \*Must be an approved event.

Event/Committee Name: \_\_\_\_\_ Dates(s): \_\_\_\_\_  
 Training Hours: \_\_\_\_\_ + Committee Hours: \_\_\_\_\_ = 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 # \_\_\_\_\_