San Antonio Alamo Area Local

American Postal Workers Union, AFL-CIO

13102 Lookout Run · San Antonio, Texas 78233 · Phone (210) 271-0853 · Fax (210) 224-6221

We Try To Be Letter Perfect For You

LWOP/REIMBURSEMENT EXPENSE VOUCHER

Date: _____

To: Jeffery E. Greenlee - Secretary Treasurer

From: _____ EID/SSN: _____
(SSN# Required if receiving Union Compensation for the first time)

Address: _____

_____
Signature (Type name if filing electronically)

Request payment of _____ hours LWOP for Union Activity
(if claiming LWOP a SIGNED APPROVED by the Supervisor PS 3971 MUST be attached. Photocopies/scans are acceptable)

Request payment of _____ Other Compensation (Level 6/Step C) for Union Activity.
If available an Article 10 letter should be attached authorizing the LWOP

Your Postal Work Hours, BT: _____ ET:_____ SDOs: _____

Rate of Pay, Level: _____ Step: _____ PSE? Y N

Night Differential: _____ _____ Sunday Premium: Y N (circle one)
(Hrs per night) (TOTAL Hrs claimed)

Purpose: _____

Multiple Dates can be claimed on one voucher

Date	Hours	Duties

I certify that any expenses and /or leave without pay (LWOP) and /or Other Compensation salary claimed on this voucher was incurred while performing duties in the name of, and for the benefit of, the San Antonio Alamo Area Local #195. The information on this voucher is true and correct to the best of my knowledge.

_____
Initial (Type initials if filing electronically)

This section for office use

Purpose: _____

Authorized by: _____Title: _____ Date : _____

Form Revised 6/29/2025