# NALC BRANCH 2200 WORK HOURS REPORT

**Date Work Description** | **# of Hrs N/S** | **# of Hrs LWOP** | **Rate of Pay** | **Amount** | **Pres Initials** | **Approval Mtg Date**
---|---|---|---|---|---|---

*Career Carrier: Table____Step____T-6____ | **Retired____** | **CCA____**

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**Billings Date:**

**Name:**

**Signature:**

**Billing Date:**

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If applicable: Relevant Pay Period________

**TOTALS:**

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Form 3971 for USPS LWOP □ Check if attached

*See Current Carrier Pay Schedule: Career Carrier: Table 1, 2 - Step A to 0

**Hourly By-Law Wage for Retired/CCA/and Non-Scheduled Day Work Hours

**Plus Steward/Mtg Pmt:** Net Amt of Ck:

PLEASE SUBMIT WORK HOURS WITHIN 60 DAYS OF WORK PERFORMED/MUST BE RECEIVED A MINIMUM OF ONE DAY PRIOR TO MEMBERSHIP MEETING