

NALC BRANCH 2200 WORK HOURS REPORT

Revised 05-2022	NAME:	SIGNATURE:	BILLING DATE:				
	*CAREER CARRIER: TABLE ___ STEP ___ T-6 ___		**RETIRED ___ **CCA ___				
BRANCH USE ONLY							
DATE	WORK DESCRIPTION	# OF HRS N/S**	# OF HRS LWOP*	RATE OF PAY	AMOUNT	PRES INITIALS	APPROVAL MTG DATE
If applicable: Relevant Pay Period _____		TOTALS:				SECY-TREAS USE ONLY PAID - CHECK #	
Form 3971 for USPS LWOP <input type="checkbox"/> Check if attached			SECY-TREAS USE ONLY APPROVED AMT:			DATE OF CHECK:	
*See Current Carrier Pay Schedule: Career Carrier: Table 1, 2 - Step A to 0			plus Steward/Mtg Pmt:			Net Amt of Ck:	
** Hourly By-Law Wage for Retired/CCA/and Non-Scheduled Day Work Hours			PLEASE SUBMIT WORK HOURS WITHIN 60 DAYS OF WORK PERFORMED/MUST BE RECEIVED NO LATER THAN MONDAY PRIOR TO EBOARD MEETING				