

**AFSCME LOCAL 2620  
REIMBURSEMENT FOR VACATION/PERSONAL LEAVE CREDIT FORM**

FULL NAME (**Print**) \_\_\_\_\_ HOME NO. \_\_\_\_\_ WORK NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

UNION POSIITON (**Circle one**)    Member        Steward        Executive Board

CLASSIFICATION: \_\_\_\_\_ WORKSITE: \_\_\_\_\_

Date	Purpose Be specific – Title of Meeting-Location For example: CDCR Stewards Mtg - Burbank	Work schedule For Event Date Example: M-F	Work hours For Event Date Example: 8 to 5	Number of Hours to be reimbursed	Office Use Only Amount	Codes Office Use Only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**SEND ALL CLAIMS AND RECEIPTS TO : AFSCME LOCAL 2620, 514 SHATTO PLACE #215, LOS ANGELES, CA 90020**

Acct #	Acct #	Acct #	Acct #	Acct #	Acct #
Amt.#	Amt.#	Amt.#	Amt.#	Amt.#	Amt.#

**Instructions  
For  
Reimbursement on  
Use of Vacation or Personal Leave Credit  
(ON PRIOR APPROVAL)**

- If you used vacation or personal leave credits to attend an event you may be reimbursed by the union for the value of the vacation/personal leave credits.
- Reimbursement is given **ONLY** when vacation or personal leave credits are used.
- Reimbursement rate is based on your regular salary at the time the vacation or personal leave credits are used.

To Receive Reimbursement you **MUST** submit a claim form as follows;

1. Submit only on AFSCME Local 2620 Reimbursement for Vacation/Personal Leave Credit Form.
2. Complete one form for use of vacation or personal leave credits (no other reimbursement may be claimed on AFSCME Local 2620 Reimbursement for Vacation/Personal Leave Credit Form)
3. Attach an official form that shows the date the vacation or personal leave credits have used and the number of hours used.
  - Official Form = one signed by the supervisor, usually a form 634.

4. Attach a copy of your check stub showing the use of vacation or personal leave credits and completed W-4
5. Mail AFSCME Local 2620 Reimbursement for Vacation/Personal Leave Credit Form, copy of paycheck stub, Form 634 (or official form used by your department) and the W-4 to:

AFSCME Local 2620  
514 Shatto Place, Suite 215  
Los Angeles, CA 90020

6. You may submit the AFSCME Local 2620 Reimbursement Claim in the same envelope, but do not include travel expense on the AFSCME Local 2620 Reimbursement for Vacation/Personal Leave Credit Form

**When in doubt call Shirl at (800) 698-6553 ext. 10**