

# LOST TIME CLAIM

Name: (please print) \_\_\_\_\_ Local No. \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Email Address: \_\_\_\_\_

Meeting/Function: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

	Amount Claimed
<b>LOST TIME:</b> _____ Days/Hours @ \$ _____ <b>BENEFITS COSTS:</b> _____ % TOTAL \$ _____ <i>If payment is to other than claimant, please specify:</i> <b>Pay to:</b> _____ <b>Address:</b> _____	
<b>TOTAL</b>	\$ _____

Have you included proof of loss?  If claiming fee for service, please confirm you are not receiving payment for the same period from any other source

**TO AVOID A DELAY IN PAYMENT, PLEASE READ THE LOST TIME POLICY ON THE REVERSE SIDE OF THIS FORM.**

PLEASE SUBMIT CLAIM WITHIN 14 DAYS TO **CUPE ONTARIO**, 80 COMMERCE VALLEY DR.E., SUITE 1, MARKHAM, ONTARIO L3T 0B2  
 PHONE: 905-739-9739 FAX: 905-739-9740

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REPORT THE APPROPRIATE AMOUNT, IF ANY, ON MY INCOME TAX RETURN  (PLEASE CHECK)

**APPROVED:** \_\_\_\_\_

Cheque # _____ Date: _____
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# **CUPE Ontario**

## **Executive Board Policy on Lost Time**

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### **LOST TIME**

1. CUPE Ontario will provide reimbursement for lost time on the principle “no loss” in one of the following ways:
  - a. The employer pays the member and CUPE Ontario reimburses the employer.
  - b. The Local covers the cost and CUPE Ontario reimburses the Local.
  - c. If a & b are not possible then CUPE Ontario will reimburse the member directly at their regular rate of pay.
  - d. A fee for service arrangement is established based on the member’s collective agreement provisions or a CUPE Ontario approved rate (for example, in the University sector during the summer months / during non-teaching month).
  - e. CUPE Ontario will reimburse daily lost time based on a regular work day.
  
2. As per the Policy passed by the CUPE Ontario Executive Board, payment for lost time to the local or the member must be accompanied by 'proof of the loss'. This means that prior to your lost time being paid, CUPE Ontario will require one of the following things:
  - a. If you work the same hours and schedule each week then a letter from your local or employer verifying your schedule (days and hours of regular work) should be submitted to be kept on file and this will suffice as 'proof'.
  - b. A letter or email from your local or employer verifying that the lost time being claimed is actual loss from the workplace to be submitted with each claim.

Please note: If you are the President of your Local, the letter must be from another Local Executive (i.e. The Vice-President, Secretary-Treasurer, or Recording Secretary)

### **EXPENSE REIMBURSEMENTS TO MEMBERS**

1. Expense reports must be submitted within the 14 days timeframe in order to be reimbursed as follows:
  - a. CUPE Ontario will reimburse all member expense claims properly authorized and submitted within four weeks of the date the claim is received by the Ontario Division Office.
2. Expense reports submitted after the 14 days timeframe and within the current fiscal year end will be reimbursed as follows:
  - a. Ontario Division will reimburse all member expense claims properly authorized and submitted within eight weeks of the date the claim is received by the Ontario Division Office.
3. Expense reports submitted after the 14 days timeframe but not within the current fiscal year end (eg. For expenses from the prior fiscal year) will be not reimbursed. (An 8 week grace period will be allotted at the fiscal year ends).
4. CUPE Ontario cannot control the time frame for member’s expenses being reimbursed by CUPE National but at the request of a member Ontario Division Office will have immediate discussions with CUPE National about a repayment time frame.