



UNION TIME COMPENSATION FORM

UPDATED JUNE 2021

This form is to record time you worked on Union activities at the request of the Union. Do not enter any time for which you were being paid by your employer as vacation, sick time or any other form of compensation.

IMPORTANT NOTICE: You must fill out the W-4 in addition to this form. Payroll check cannot be processed if there is an incomplete form or if the W-4 is blank. Wages claimed on this form are subject to payroll taxes.

NAME CELL PHONE EMAIL

ADDRESS HERE IF NEW ADDRESS CITY, STATE, ZIP

SOCIAL SECURITY NUMBER BIRTHDATE EMPLOYER

TAX FILING STATUS Single or Married Filing separately Head of Household Married Filing Jointly

UNION TIME INFORMATION

REASON FOR UNION TIME:

- Bargaining/Negotiations
- E-Board
- Political Campaign/Training
- Organizing Campaign
- Steward/Member Training
- Other _____

REQUESTED BY (UNION STAFF NAME): _____

HOURLY RATE OF PAY: _____ TOTAL AMOUNT TO PAY (HOURLY RATE X # HOURS): _____

| DATE(S) OF UNION TIME | # HOURS | DATE(S) OF UNION TIME | # HOURS |
|-----------------------|---------|-----------------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL # OF HOURS: _____

OPTIONAL: DIRECT DEPOSIT

For direct deposit, please complete the following. Otherwise a paper check will be mailed to the address provided.

BANK NAME

ROUTING NUMBER ACCOUNT NUMBER

MEMBER SIGNATURE TODAY'S DATE

- FOR INTERNAL USE ONLY**
- Account No. to charge:
- 6002-10 (E-board)
 - 6002-12 (Political)
 - 6002-14 (Representational/Bargaining)
 - 6002-22 (Airport)
 - 6002-23 (Ext Healthcare - L49)
 - 6002-24 (Ext Healthcare Subsidy)

APPROVED BY (DEPT. SUPERVISOR ONLY) DATE SIGNED

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

| | | | |
|---|---|-----------------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial _____ | Last name _____ | (b) Social security number _____ |
| | Address _____ | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code _____ | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|-------------|----------|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____ | | |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

| | | | |
|------------------------------------|--|--|-------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | ▶ _____ ▶ | | ▶ _____ ▶ |
| | Employee's signature (This form is not valid unless you sign it.) | | Date |

| | | | |
|-----------------------|-----------------------------------|--------------------------------|--|
| Employers Only | Employer's name and address _____ | First date of employment _____ | Employer identification number (EIN) _____ |
|-----------------------|-----------------------------------|--------------------------------|--|