



**New Zealand Meat Workers & Related Trades Union Inc.**  
**(Aotearoa Branch)**  
**LOST TIME APPLICATION FOR PAYMENT IN LIEU FORM**

**APPLICANT INFORMATION (Required by Law)**

Name: <i>First</i> _____ <i>Middle</i> _____ <i>Family</i> _____		
Address: _____		
Suburb: _____	City: _____	Post Code: _____
Mobile Phone: _____		Home Phone: _____
Email: _____		
Date of Birth: _____		Gender: Male   Female
Ethnicity/ Iwi: _____		First Language: _____
Union Joining Date: _____		Second Language: _____

**PLEASE COMPLETE IF APPLICABLE**  
*If your answer is NO to questions below, then would you like to join? Yes | No*

Welfare Fund Member: Yes/No	If Yes/ Joining Date:
Southern Cross Member: Yes/No	If Yes/ Joining Date:
Meat Industry Superannuation Scheme Member: Yes/ No	If Yes/ Joining Date:
Are you Shed Official or Delegate: Yes/ No	If Yes/ Start Date:
IRD No:	Tax Code:

Bank Account Details: [ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ \_ \_ \_ \_ ] [ \_ \_ \_ ]

**EMPLOYMENT INFORMATION**

Meat Company   Meat Plant:	
Department:	Duration with Employer? <i>Years   Months</i>
Union Position on Sub Branch:	
Explanation of Lost Time:	
Employer's Reason for Non Payment:	
Dates:	Total Time Lost:
Hourly or Piece Work Rate:	Allowances/ Expenses: <i>Please attach Invoice/ Receipt of Expenses</i>

**Dated:** \_\_\_\_\_ **Applicant's Signatures:** \_\_\_\_\_

**Approved by Sub Branch Secretary:** \_\_\_\_\_

**Signatures:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reference Number: _____	
Gross:	Prepared By: _____
Tax:	Approved By: _____
Net:	Payment Method: Cheque   Direct Credit   Banked
Expenses:	Date Paid: _____
Total:	Amount Paid: _____

**PLEASE EMAIL, FAX OR POST TO UNION ADDRESS BELOW**

**New Zealand Meat Workers & Related Trades Union Inc. Aotearoa Branch**  
**P.O. Box 17 056, Greenlane, Auckland 1546, New Zealand. [www.meatunion.org.nz](http://www.meatunion.org.nz)**  
 Phone: 0800 877 277 | +64 9 520 0035 | Fax: +64 9 523 1286 | Email: [info@meatunion.org.nz](mailto:info@meatunion.org.nz)

**Form Filling Instructions**  
**LOST TIME APPLICATION FOR PAYMENT IN LIEU FORM (004)**  
**PLEASE PRINT CLEARLY**

This is MOST used form. All delegates shed officials and other union members will need to fill this out to be paid wages lost through attending union business on their behalf.

All information is required to ensure a speedy processing and prompt payments. To ensure prompt payment, this form MUST be completed in its entirety.

*Important Points to be noted:*

- a) Claims arriving to me by the Tuesday are payable that week, otherwise claims will not be paid until the following week.
- b) Forms to be signed by a Shed Official and authorised by an Organiser.
- c) Payment of Lost Time shall be paid by Direct Credit
- d) All information requested is required to keep our records up to date.
- e) Lost time forms can be posted, faxed or emailed to the Union office.

**Print Clearly & Send Promptly.**

**Action:**

Complete the entire form

Post, fax or email

Send to NZMWU Aotearoa Branch, Auckland

**Form Check List.** *Please follow the serial numbers with each blank on the form*

1. Your Name; First name , Middle name, Last name ( Family Name)
2. Your full address; House Number, Street Name, Suburb, City, Post Code
3. Your mobile and home numbers
4. Your Email address
5. Your Date of Birth
6. Your Gender; Tick or Circle one, Male or Female
7. Your Ethnicity or Iwi you belong to
8. Your First Language spoken at home
9. Your Union Joining date
10. Your Second Language

11. If you are not a member of Welfare Fund, Southern Cross, Superannuation then please select Yes, if you would like to join.
12. Are you Welfare Fund Member? Write Yes or No
13. If Yes, Please write your joining date
14. Are you Southern Cross Member? Write Yes or No
15. If Yes, Please write your joining date
16. Are you Meat Industry Superannuation Scheme Member? Write Yes or No
17. If Yes, Please write your joining date
18. Are you a Shed Official or Delegate? Write Yes or No. If yes, Please select
19. If Yes, Please write your start date
20. Your IRD Number
21. Your Tax Code
22. Your Bank Account Details, Please fill all blanks correctly
23. Your Meat Company or Plant that you work at
24. Your Department, Please write clearly
25. Since how long have you been working for your employer?
26. Your union position at your plant e.g. member, delegate or Shed President /Secretary
27. What is the reason for payment for lost time?
28. Your employer's reason for non-payment?
29. Date of the event resulting in lost time.
30. Total time lost, enter the hours you would have been paid for
31. Your hourly rate or piece work rate at the time of Union business
32. Allowances that need to be claimed and expenses that need reimbursement
33. Receipts must be attached to support your expenses
34. Signature of member claiming payment, sign your name and date it
35. Signature of Sub branch Secretary, ask your official to approve and sign