



Pay Shortage Claim

Company _____

AREA _____

Today's Date _____

Received Claim _____

Union Complaint # _____

Shortage Date _____ Shift: 1 2 3

Initially Reported To _____ on (Date) _____

Payroll # _____

Name _____

Name of Company _____

Job Performed _____ Occupation Code: _____

Type of Work (circle): Longshore Clerk Walking Boss Watchman Other

Vessel _____ Yard _____

Hours Paid _____ Hours Shorted _____

Partial payment information: Pay Period _____ Page _____ Job _____

Please Initial Both Areas:

_____ I request the company provide any supporting evidence to the JPLRC to substantiate this claim.

_____ In case of disagreement reached at JPLRC I will make myself available to testify to the Area Arbitrator that the facts stated here are correct

Signature: _____ Date: _____

EMPLOYER RESPONSE

Please return to PMA by Fax (503) 827-4027 or phone toll free 1-(888) 762-1234

Claim Paid: _____ Payroll Week # _____

Claim Denied: _____ Explanation to the employee:

Signature: _____ Date: _____