



# Pacific Maritime Association - Payroll Services

Company# \_\_\_\_\_  
AREA \_\_\_\_\_

## Pay Shortage Claim

Today's Date \_\_\_\_\_  
Received Claim \_\_\_\_\_  
Union Complaint # \_\_\_\_\_

Shortage Date \_\_\_\_\_ Shift 1 2 3

Initially Reported To: \_\_\_\_\_ on (Date) \_\_\_\_\_

Registration/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.

## - EMPLOYER RESPONSE -

Please return to PMA by Fax (310) 522-5541 or email to [pmaypayrollmail@pmanet.org](mailto:pmaypayrollmail@pmanet.org)

Claim Paid: \_\_\_\_\_

Payroll Week # \_\_\_\_\_

Claim Denied: \_\_\_\_\_

Explanation to the employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_