



2019 MSCA Monthly Hours Report

Company Name: _____

MCAA/ MSCA ID #: _____

Current Date: _____ / _____ 2019

Pay Period Starting Date: _____ to Ending Date: _____

MSCA Service Hours Worked (#) _____

(Still include these hours in your total hours report to the Benefits Office/ BeneSys, but this is for MCA-Omaha to separate out a % of your national dues to MSCA.)

X \$.08 Dues Payable Per Hour

Total:

\$ _____

Please submit this form to MCA-Omaha at mhoffman@mca-omaha.org or fax to **402.592.3975** when you normally submit your hours report to the Benefits Office and/or BeneSys each month.

Michele Hoffman – Associate Executive

Phone: 402.592.3330 Fax: 402.592.3975 Email: mhoffman@mca-omaha.org