MURPHY OIL USA, INC. – Superior Refinery

EMPLOYEE "LOST TIME" REPORT FORM

Instructions: This report is to be filled out completely for every claim for wages not covered under the Non-Occupational Sickness and Disability Plan.

_____ _____

Date Report Filed Employee's Name

Date for which wages claimed:_____

The basis for claiming this pay is:

1. Death – Name of Deceased _____

Relationship _____

Name of Mortuary _____

Date of Funeral _____

2. Serious Illness in Family – Attach a doctor's note attesting to the illness

Name of Relative _____

Relationship _____

Name of Doctor _____

Name of Hospital _____

Nature of Emergency _____

3. Jury Duty Date_____Time From:_____To:_____

( ) Copy of Clerk of Court Jury Duty Service Certifying date & time.

4. Other_____

I declare the above facts to be true and correct

_____

Employee's Signature

Approved_____ _____

Date Supervisor, Refinery Services

Disapproved_____ _____

Date Supervisor, Refinery Services

Comments _____