

**Bricklayers & Allied Craftworkers Local #3  
Rochester Chapter  
Health & Welfare Fund**

33 Saginaw Drive  
Rochester, NY 14623

Phone: (585) 385-1160\*\*\*Email: tbarry@baclocal3ny.com\*\*\*Fax: (585) 385-9119

**SICK LEAVE APPLICATION**

Name of Applicant \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_

Tax Withholding Information:

**\*\*\*Mandatory tax withholding of 10% Federal and 5% State required\*\*\***

Optional additional tax withholding \_\_\_\_\_ % Federal \_\_\_\_\_ % State

Sick Leave Time Period: (Enter days and dates) \_\_\_\_\_ Total Hours: \_\_\_\_\_

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

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

I hereby apply for sick leave benefits pursuant to the provisions of the Welfare Plan. I certify that I am taking a sick day and **I am not collecting NYS Unemployment/NYS Disability/Workers Compensation.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Pick Up Check  (FRIDAY)

---

**FOR OFFICE USE ONLY**

4706: \_\_\_\_\_

FICA/EFICA: \_\_\_\_\_

Approved: \_\_\_\_\_

Fed. Tax (10%): \_\_\_\_\_

SUTA: \_\_\_\_\_

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

State Tax (5%): \_\_\_\_\_

FUTA: \_\_\_\_\_