

# BAC Local #3 NY Buffalo Chapter Benefit Funds

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## SICK PAY REQUEST FORM

PLEASE PRINT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_

I am requesting \_\_\_\_\_ number of sick pay days.

**I have attached a current paycheck stub.**

Note: Since the Fund Office is not your employer, you are responsible for paying the Employer Taxes (EFICA).

**I understand that I should NOT receive sick pay benefits while I am collecting unemployment benefits. Sick pay is taxed and considered income.**

**Signed:** \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

\_\_\_\_\_ out of 7 sick pay days/year

CODE 5

Gross \_\_\_\_\_

Fed WH \_\_\_\_\_

NYS WH \_\_\_\_\_

FICA \_\_\_\_\_

EFICA \_\_\_\_\_

Net \_\_\_\_\_