

BAC Local #3 NY Buffalo Chapter Benefit Funds

1175 William Street

Buffalo, NY 14206

Phone: (716) 842-1318

Fax: (716) 842-1347

VACATION REQUEST FORM

PLEASE PRINT:

Name: _____

Address: _____

Social Security #: _____ - _____ - _____

Telephone #: () _____

I am requesting _____ number of vacation weeks.

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 vacation benefits while I am collecting unemployment benefits. Vacation pay is taxed and considered income.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

_____ out of 8 vacation weeks

CODE 4

Gross _____

Fed WH _____

NYS WH _____

FICA _____

EFICA _____

Net _____