

Bricklayers & Allied Craftworkers Local #3

Rochester Chapter

Health & Welfare Fund

33 Saginaw Drive
Rochester, NY 14623

Phone: (585) 385-1160***Email: claimsroc@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: _____