

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

VACATION 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

Vacation Period: (Enter days and dates)

Total Hours:_____

Beginning Date:_____

Ending Date:_____

If you do not have a full week of
vacation pay available, would you
like your available balance:

Yes

☐

No

☐

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

Participant's Signature

Date

Pick Up Check ☐ (FRIDAY)

FOR OFFICE USE ONLY

4701:_____

FICA/EFICA:_____

Approved:_____

Fed. Tax (10%):_____

SUTA:_____

Date:_____

State Tax (5%):_____

FUTA:_____