

Bricklayers & Allied Craftworkers Local #3

Buffalo Chapter

Health & Welfare Fund

1175 William Street
Buffalo, NY 14206

Phone: (716) 842-1318 ***Email: claimsbuf@baclocal3ny.com***

SICK PAY 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 Pay Period: (Enter # of Days) _____ Days Requested: _____

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.**

Participants Signature

Date

Pick Up Check

☐

FOR OFFICE USE ONLY

05: _____

FICA/EFICA: _____

Approved: _____

Fed. Tax (10%): _____

SUTA: _____

Date: _____

State Tax (5%): _____

FUTA: _____