

**Bricklayers & Allied Craftworkers Local #3  
Buffalo Chapter  
Health & Welfare Fund**

1175 William Street  
Buffalo, NY 14206

Phone: (716) 842-1318 \*\*\*Email: [claimsbuf@baclocal3ny.com](mailto: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: \_\_\_\_\_