

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

1175 William Street
Buffalo, NY 14206

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

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: _____

If you do not have a full week of

Ending Date: _____

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.

Participants Signature _____

Date _____

Pick Up Check

FOR OFFICE USE ONLY

04: _____

FICA/EFICA: _____

Approved: _____

Fed. Tax (10%): _____

SUTA: _____

Date: _____

State Tax (5%): _____

FUTA: _____