

BAC Local #3 NY Buffalo Chapter Benefit Funds

1175 William Street

Buffalo, NY 14206

Phone: (716) 842-1318

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SICK PAY REQUEST FORM

PLEASE PRINT:

Name: _____

Address: _____

Social Security #: _____ - _____ - _____

Telephone #: () _____

I am requesting _____ number of sick pay days.

I have attached a current paycheck stub.

Note: Since the Fund Office is not your employer, you are responsible for paying the Employer Taxes (EFICA).

I understand that I may NOT receive sick pay benefits while I am collecting unemployment benefits, on vacation or working. Sick pay is considered income.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

_____ out of 7 sick pay days/year

Gross _____
Fed WH _____
NYS WH _____
FICA _____
EFICA _____
Net _____