

**BUFFALO LABORERS' WELFARE FUND**

**VACATION BENEFIT REQUEST**

**You are entitled to a vacation benefit of up to 15 days at \$400 per day. Eligibility is contingent on available funds in your vacation account. Vacation days claimed must be for weekdays in which you did not receive wages from your employer.**

**If, in any week, you apply for benefits for more than one day, you will receive one check for all vacation days applied for that week. Only one check per week may be processed.**

**Participants are responsible for both employer and personal payroll taxes associated with their taxable benefit.**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City, State and Zip Code**

**I hereby request a vacation benefit for the period:**

**Week one** \_\_\_\_\_ **through** \_\_\_\_\_  
**(Monday)** **(Friday)**

**Week two** \_\_\_\_\_ **through** \_\_\_\_\_  
**(Monday)** **(Friday)**

**I hereby request a partial vacation benefit for the following individual dates:**

**(1)** \_\_\_\_\_ **(2)** \_\_\_\_\_ **(3)** \_\_\_\_\_ **(4)** \_\_\_\_\_ **(5)** \_\_\_\_\_

**(6)** \_\_\_\_\_ **(7)** \_\_\_\_\_ **(8)** \_\_\_\_\_ **(9)** \_\_\_\_\_ **(10)** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

**DATE** \_\_\_\_\_

**\*\*\*\*\*PLEASE COMPLETE THE W-4 ON THE REVERSE SIDE\*\*\*\*\***