



SOUTHERN PAINTERS
WELFARE PLAN
5 HOT METAL ST., SUITE 200
PITTSBURGH, PA 15203

TOLL-FREE: 1-844-851-7293
FAX: 1-412-431-4067

VACATION REQUEST FORM

MEMBER INFORMATION – Please provide all requested information.

Member Name (Last, First, MI)	Member Social Security No.
Street Address <input type="checkbox"/> Check Here if this is a Change of Address	
City, State Zip Code	Home Telephone No. ()

Vacation period (benefit is SEVEN weeks of vacation between January 1st through December 31st at \$500.00 gross amount per week). I hereby request a vacation week(s) for the dates listed below.

Vacation beginning date: _____

Vacation ending date: _____

Number of weeks: _____

I hereby certify that I will be on vacation and request _____ week(s) of vacation.

Tax withholding information: [All amounts are subject to all federal and state employment tax obligations and to all federal, state and local wage withholding obligations, deductions and reductions.](#)

AUTHORIZATION – Please sign and date.

Member Signature	Date
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Reimbursement forms MUST be received in the Fund Office no later than the 10th of the month to have a check issued on the 15th of the month

ABSOLUTELY NO FAXES WILL BE ACCEPTED. YOU MUST MAIL THIS FORM TO THE FUND OFFICE FOR PAYMENT

*Si le interesa leer esta correspondencia en español por favor contacta la Oficina del Fondo.
Servicios para miembros en español a 1-844-851-7768*