



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 1<sup>st</sup> through December 31<sup>st</sup> 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 10<sup>th</sup> of the month to have a check issued on the 15<sup>th</sup> 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*