



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

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

HOLIDAY PAY 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. ()

You may receive ten holidays a year at \$100.00 per day. I hereby request a holiday check for the holiday listed below at \$100.00 per day. (Please mark an "X" in the box next to the holiday)

<input type="checkbox"/>	1. New Year's Day
<input type="checkbox"/>	2. Martin Luther King Jr. Day
<input type="checkbox"/>	3. Presidents Day
<input type="checkbox"/>	4. Good Friday
<input type="checkbox"/>	5. Memorial Day
<input type="checkbox"/>	6. Independence Day
<input type="checkbox"/>	7. Labor Day
<input type="checkbox"/>	8. Veterans Day
<input type="checkbox"/>	9. Thanksgiving Day
<input type="checkbox"/>	10. Christmas Day

[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*