

District Council #4
Health and Welfare Fund
585 Aero Drive
Cheektowaga, NY 14225
Phone (716) 565-0234
Fax (716) 565-1494

Holiday Pay



NAME: _____

ADDRESS: _____

PHONE: _____ Last 4 of SS# ____-____-____-____

YOU MAY RECEIVE NINE HOLIDAYS ONE YEAR FOR THE FOLLOWING:

Required in Account

2018 - \$346.50 for the following holidays:

| | | | |
|----------|------------------------|----------|------------------|
| _____ 1) | New Year's Day | \$386.17 | TF Initial _____ |
| _____ 2) | Martin Luther King Day | \$386.17 | Trustee Override |
| _____ 3) | Memorial Day | \$386.17 | _____ |

2018- \$346.50 for the following holidays:

| | | |
|----------|------------------------|----------|
| _____ 4) | Independence Day | \$386.17 |
| _____ 5) | Labor Day | \$386.17 |
| _____ 6) | Veterans Day | \$386.17 |
| _____ 7) | Thanksgiving Day | \$386.17 |
| _____ 8) | Day After Thanksgiving | \$386.17 |
| _____ 9) | Christmas Day | \$386.17 |

SIGNATURE: _____

DATE: _____

**IF YOU ARE COLLECTING UNEMPLOYMENT YOU MUST NOT
BE COLLECTING HOLIDAY PAY UNLESS YOU ARE CLAIMING
IT TO THE DEPARTMENT OF LABOR PER NYS DOL!!!!!!**