

Glaziers Local 660  
585 Aero Drive  
Cheektowaga, NY 14225  
Phone – (716) 565-0234  
Fax – (716) 565-1494

**SUB HOLIDAY PAY**



I hereby request a Holiday check for the following

- |                              |                  |                              |                  |
|------------------------------|------------------|------------------------------|------------------|
| <input type="checkbox"/> 1.) | NEW YEARS DAY    | <input type="checkbox"/> 4.) | LABOR DAY        |
| <input type="checkbox"/> 2.) | MEMORIAL DAY     | <input type="checkbox"/> 5.) | THANKSGIVING DAY |
| <input type="checkbox"/> 3.) | INDEPENDENCE DAY | <input type="checkbox"/> 6.) | CHRISTMAS DAY    |

I HEREBY REQUEST A HOLIDAY CHECK FOR HOLIDAY NUMBER  
1, 2, 3, 4, 5, AND/OR 6  
(PLEASE CHECK ABOVE)

I certify that I worked the scheduled workday before and after the requested Holiday(s). I understand that making any false claims for benefits could result in forfeiture of all benefits for three(3) years. Applications for Holiday pay must be made within thirty days after the calendar year the Holiday falls.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE# \_\_\_\_\_ SS# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_