



IRREGULAR VACATION PAY APPLICATION

Date: _____

HAND

NOTE TO APPLICANT: ONLY **ONE** VACATION PAY WITHDRAWAL IS PERMITTED UP TO A MAXIMUM OF **\$300.00** PER CALENDAR YEAR, APART FROM THE REGULAR PAY-OUT ON JUNE 15TH AND NOVEMBER 15TH. THE BALANCE OF YOUR VACATION PAY WILL BE PAID AT THE REGULAR PAYOUT TIME.

I THE UNDERSIGNED, HEREBY APPLY FOR VACATION PAY RECEIVED AND RECORDED BY THE ADMINISTRATOR, ON MY BEHALF, AS AT THE DATE OF CONFIRMATION OR APPROVAL BELOW, FOR THE FOLLOWING REASON:

NAME (Please Print) _____ SOCIAL INSURANCE NO. _____

ADDRESS: _____ PHONE # _____

PRESENTLY EMPLOYED? YES ___ NO ___ COMPANY NAME: _____

WORK MONTH	EMPLOYERS	AMOUNT

CATEGORY:

- (1) I will leave the jurisdiction of Local 837 on or about _____.
- (2) I registered with EI as being unemployed on _____ (date).
- (3) Other reason: (Give details. Note that payment under this category is subject to Trustee approval).

If YOU HAVE APPLIED OR WILL APPLY FOR EMPLOYMENT INSURANCE BENEFITS, ANY AMOUNTS PAID OR PAYABLE FROM THE VACATION PAY TRUST FUND MUST BE REPORTED BY YOU AS EARNINGS TO A CANADA SERVICE CENTRE.

INITIALS

SIGNATURE: _____

PAYMENT WILL NORMALLY BE MAILED WITHIN 10 DAYS OF APPROVAL.
FOR OFFICE USE ONLY:
PAYMENT APPROVED _____ PAYMENT DENIED _____ BY TRUSTEES _____
CONFIRMED OR APPROVED BY: _____ DATE: _____