IRREGULAR VACATION PAY APPLICATION

NOTE TO APPLICANT:

YOU MAY FILE A REQUEST FOR IRREGULAR VACATION PAY WITHDRAWAL BEFORE THE PAYOUTS OF JUNE 15TH AND NOVEMBER 15TH. THERE IS A MAX OF 3 REQUESTS PER CALENDAR YEAR. CHEQUES ARE ISSUED THE FIRST WEEK OF THE MONTH FOR ALL REQUESTS RECEIVED FROM THE PRIOR MONTH. (FOR EXAMPLE, AUGUST 1 TO AUGUST 31 WILL BE ISSUED THE FIRST WEEK OF SEPTEMBER).

NAME: _____ SIN: _____

ADDRESS: _____

PHONE #: _____ PRESENTLY EMPLOYED? YES__ NO__ COMPANY: _____

WORK MONTH	EMPLOYERS	AMOUNT

Reason for request:

1. ☐ I will leave the jurisdiction of Local 837 on _____
2. ☐ I registered with EI as being unemployed on _____
3. ☐ Other reasons (list below). *Please note that payment under this category is subject to approval.*

_____

_____

_____

I, THE UNDERSIGNED, HEREBY APPLY FOR VACATION PAY RECEIVED BY THE ADMINISTRATOR, ON MY BEHALF.

SIGNATURE: _____ INITIAL: ☐ DATE: _____

FOR OFFICE USE ONLY:

PAYMENT APPROVED: _____ PAYMENT DENIED: _____

PAYMENT APPROVED/DENIED BY: _____ DATE: _____

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