



Colorado Finishing Trades Health and Welfare Fund

2821 South Parker Road
Suite 215
Aurora, Colorado 80014
Phone: (303)745-1941



VACATION WITHDRAWAL REQUEST

DATE OF REQUEST: _____ PHONE NO. _____ () _____

NAME: _____ SOCIAL SECURITY NO. _____

CURRENT COMPLETE MAILING ADDRESS: (include street, city, state and zip)

PICK UP CHECK AT THE ADMINISTRATIVE OFFICE ON PAYOUT DATE. (after 3:00pm)

PLEASE PAY THIS AMOUNT TO ME (one check)
\$ _____

By my undersigned signature to this form, I verify and certify my request that the Colorado Finishing Trades Health & Welfare Fund issue payment from my vacation account to me in the amount indicated in the above amount requested box. I understand that I may not make another withdrawal from my vacation account for six months.

AUTHORIZATION FOR WITHDRAWAL: _____
SIGNATURE OF EMPLOYEE



Colorado Finishing Trades Health and Welfare Fund

2821 South Parker Road
Suite 1005
Aurora, Colorado 80014
Phone: (303)745-1941



VACATION WITHDRAWAL REQUEST

DATE OF REQUEST: _____ PHONE NO. _____ () _____

NAME: _____ SOCIAL SECURITY NO. _____

CURRENT COMPLETE MAILING ADDRESS: (include street, city, state and zip)

PICK UP CHECK AT THE ADMINISTRATIVE OFFICE ON PAYOUT DATE. (after 3:00pm)

CHECK ONE OF THE FOLLOWING BOXES: (contact District Council No. 15 to obtain possible outstanding balance owed for dues)

PLEASE PAY THIS AMOUNT TO ME~ (one check)
\$

By my undersigned signature to this form, I verify and certify my request that the Colorado Finishing Trades Health & Welfare Fund issue payment from my vacation account to me in the amount indicated in the above amount requested box. I understand that I may not make another withdrawal from my vacation account for six months.

PLEASE PAY THIS AMOUNT TO LOCAL #419~DUES Remainder to me (two checks)
\$

By my undersigned signature, I verify and certify my request that the Colorado Finishing Trades Health & Welfare Fund issue payment from my vacation account in the form of **two checks**. One check payable to the District Council 15~Local Union 419 in the above stated amount and the remainder of the account balance payable to me. I understand that I may not make another withdrawal from my vacation account for six months.

AUTHORIZATION FOR WITHDRAWAL: _____ SIGNATURE OF EMPLOYEE