

# L.I.U.N.A. LOCAL 527 VACATION PAY TRUST FUND

6 Corvus Court, Ottawa Ontario K2E 7Z4 Telephone # (613) 521-6314 Fax # (613) 521-0264

## Application for Irregular Vacation Pay Withdrawal

**Note to Applicant:** Only one vacation pay withdrawal is permitted each vacation pay period. The first being from May 1<sup>st</sup> to October 31<sup>st</sup> whose payout date is the second Friday of December. The second being from November 1<sup>st</sup> to April 30<sup>th</sup> whose payout date is the second Friday of June. **Please note that if the application is being made under categories 2 to 4, this form must be approved by the L.I.U.N.A. Local 527 Board of Trustees or their designated representative.**

I, the undersigned, hereby apply for vacation pay received and recorded by the Administrator as the date of confirmation or approval below, for the following reason:

1.     \_\_\_ I am vacationing from \_\_\_\_\_ to \_\_\_\_\_ (supporting document required).
2.     \_\_\_ I am no longer a member of the L.I.U.N.A. Local 527 as of \_\_\_\_\_.
3.     \_\_\_ I do not qualify for Employment Insurance benefits (supporting document required).
4.     \_\_\_ I am attending school full-time on \_\_\_\_\_ (supporting document required).
4.     \_\_\_ Other (details and supporting document required). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member Name: \_\_\_\_\_ Membership #/SIN: \_\_\_\_\_

Address: \_\_\_\_\_ City&Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Month(s) and Employer(s) since last payout: \_\_\_\_\_ Vacation Pay Amount Request: \$ \_\_\_\_\_

Work Month(s) \_\_\_\_\_ Employer(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE RECEIVED NO LATER THAN THE 10<sup>TH</sup> DAY OF THE MONTH IN ORDER TO BE PROCESSED WITH THAT MONTH'S IRREGULAR PAYOUT WHICH WILL BE NO LATER THAN THE 25<sup>TH</sup> DAY OF THE MONTH.**

**For Office Use Only:**

Application Received on \_\_\_\_\_ Supporting documents received on \_\_\_\_\_

Payout Amount: \$ \_\_\_\_\_ Work Months on file: \_\_\_\_\_ MMB date: \_\_\_\_\_

Payout History/Administrator Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Application \_\_\_\_\_ approved \_\_\_\_\_ denied by Trustee(s) \_\_\_\_\_ on \_\_\_\_\_