



SOUTHERN PAINTERS WELFARE FUND

Administered by Southern Benefit Administrators, Incorporated



Mailing Address:
P.O. Box 1449
Goodlettsville, TN 37070-1449

Telephone: (615) 859-0131
Toll-Free (800) 831-4914
Fax: (615) 859-4699

Street Address:
2001 Caldwell Drive
Goodlettsville, TN 37072-3589

VACATION REQUEST FORM

Member Information – Please provide all requested information.

Member Name (Last, First, MI)	Member Social Security No.
Street Address <input type="checkbox"/> Check Here if this is a change of address	
City, State Zip Code	Telephone ()

Vacation period (benefit is FIFTEEN (15) weeks of vacation between January 1st through December 31st at \$500.00 per week): I hereby request a vacation week(s) for the dates listed below:

Vacation beginning date: _____

Vacation ending date: _____

Number of weeks: _____

I hereby certify that I will be on vacation and request _____ week(s) of vacation.

Tax withholding information: All amounts are subject to all federal and state employment tax obligations and to all federal, state and local wage withholding obligations, deductions and reductions.

AUTHORIZATION – Please sign and date.

Member Signature	Date
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Reimbursement forms MUST be received in the Fund Office no later than the 10th of the month to have a check issued on the 15th of the month

ABSOLUTELY NO FAXES WILL BE ACCEPTED. YOU MUST MAIL THIS FORM TO THE FUND OFFICE FOR PAYMENT.

Si le interesa leer esta correspondencia en español por favor contacta la Oficina del Fondo.
Servicios para miembros en español a 1-800-831-4914