

To receive PTO benefits, please complete form and submit it to the Plan office. Be sure to include a W-4 Form or taxes will be withheld on the basis of zero exemptions.

## PAID TIME OFF BENEFIT REQUEST

UNDER THE TERMS AND CONDITIONS OF THE PAID TIME OFF (PTO) BENEFIT OF THE ELECTRICAL CONSTRUCTION INDUSTRY VACATION HOLIDAY PLAN, THE ABOVE NAMED EMPLOYEE HAS A PTO ACCOUNT BALANCE EQUAL TO \$\_\_\_\_\_ FOR WHICH HE/SHE CAN BE REIMBURSED BY THE PLAN.

1. DISTRIBUTION AMOUNT. THE UNDERSIGNED EMPLOYEE HEREBY REQUESTS A PTO BENEFIT DISTRIBUTION EQUAL TO \_\_\_\_\_ HOURS OF PTO (**MUST BE IN 1-HOUR INCREMENTS**, UNLESS NO CONTRIBUTIONS HAVE BEEN MADE TO THE PLAN IN THE LAST 6 MONTHS). **SPECIFY DATES OF ABSENCE FROM WORK FOR WHICH YOU ARE REQUESTING PTO BENEFITS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

2. HOURLY WAGE. THE UNDERSIGNED EMPLOYEE'S HOURLY STRAIGHT TIME WAGE IS \$\_\_\_\_\_.

3. EMPLOYER INFORMATION. IF YOU ARE EMPLOYED, YOUR **EMPLOYER MUST SIGN THE FORM**. INSERT THE APPROPRIATE INFORMATION (OR, IF NOT EMPLOYED, CHECK THE BOX BELOW):

\_\_\_\_\_  
PRINT EMPLOYER NAME

\_\_\_\_\_  
EMPLOYER'S SIGNATURE

NOT EMPLOYED AT THIS TIME.

**YOUR BENEFIT PAYMENT WILL BE DEPOSITED TO YOUR CHECKING OR SAVINGS ACCOUNT.**

4. SIGNATURE. PLEASE SIGN THE FORM BELOW

\_\_\_\_\_  
PRINT YOUR FULL NAME:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
CITY / STATE / ZIP