

TO RECEIVE PTO BENEFITS, PLEASE COMPLETE FORM AND SUBMIT IT TO THE PLAN OFFICE:
11001 W PLANK COURT SUITE 120, WAUWATOSA WI, 53226

BE SURE TO INCLUDE A W4 FORM OR FEDERAL TAXES OF **24%** WILL BE WITHHELD.

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