

HAWAII ELECTRICIANS VACATION & HOLIDAY FUND

APPLICATION FOR

VACATION BENEFITS

Regular

Excess

Name of Employee _____ Social Security Number _____
(Please Print)

Mailing Address _____ Home Phone # _____
Apt. No.
_____ Cell Phone # _____
City State Zip Code

Current or Previous Employer _____

Comments: _____

It is hereby agreed by the Employee and the Employer that:

- a. The Employee will go on vacation from _____ through _____
(No. of days _____ Will you be going on a trip? Yes _____ No _____) and that the Employee shall not be eligible for employment during this period; and,
- b. If the Employee is recalled to work by the Employer during this period because of emergency needs of the shop, the Employee and Employer shall complete and submit a Change in Vacation Form to the Vacation & Holiday Fund Office after the Employee has been able to complete his vacation. In no event, however, shall the form be submitted later than August 31 of that year.

(Signature of Employee)

(Signature of Employer)

Date _____

Date _____

I understand that my Vacation Benefits will be the balance in my vacation account as of the end of the past Earning Year Ended August 31, less applicable taxes.

Mail or deliver completed form to 1935 Hau St., Room 300, Honolulu, Hawaii 96819-5003 or Fax to (808) 847-4596, at least one week before your vacation starts. Your Vacation Benefit check will be mailed to you at the address you show above.

Phone (808) 841-6169 or Neighbor Islands 1-(800)-622-3830

(DO NOT WRITE BELOW, FOR FUND OFFICE USE ONLY)

_____ of _____

_____ of _____

No. of Days _____

No. of Days _____

Amount of Regular Vacation Benefit \$ _____

Amount of Excess Vacation Benefit \$ _____