

District Council #4
Health and Welfare Fund
585 Aero Drive
Cheektowaga, NY 14225
Phone (716) 565-0234
Fax (716) 565-1494

Holiday Pay



NAME: _____

ADDRESS: _____

PHONE: _____ Last 4 of SS# ____ - ____ - ____ - ____

YOU MAY RECEIVE NINE HOLIDAYS PER YEAR FOR THE FOLLOWING:

Required in Account

2024 - \$356.90 for the following holidays:

_____ 1)	New Year's Day	\$400.00	TF Initial _____
_____ 2)	Martin Luther King Day	\$400.00	
_____ 3)	Memorial Day	\$400.00	

2024 - \$356.90 for the following holidays:

_____ 4)	Juneteenth	\$400.00
_____ 5)	Independence Day	\$400.00
_____ 6)	Labor Day	\$400.00
_____ 7)	Veterans Day	\$400.00
_____ 8)	Thanksgiving Day	\$400.00
_____ 9)	Day After Thanksgiving	\$400.00
_____ 10)	Christmas Day	\$400.00

SIGNATURE: _____

DATE: _____

**IF YOU ARE COLLECTING UNEMPLOYMENT YOU MUST NOT
BE COLLECTING HOLIDAY PAY UNLESS YOU ARE CLAIMING
IT TO THE DEPARTMENT OF LABOR PER NYS DOL!!!!!!**