

VACATION APPEAL FORM

TO THE LOCAL 309 VACATION FUND BOARD;

I did not file timely for my Vacation Benefit for the Year _____.
Please consider my appeal.

Date: _____

Name: _____

Address: _____

Social Security No. _____

Signature: _____

For Office Use Only

Name: _____

Social Security No. _____

Total Amount Participant due: _____

Less Amount Fined: _____

Remainder: _____

Date acted on by Board: _____

Signed for Union

Signed for NECA