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VACATION RELIEF REQUEST FORM

Member Name:	Alt ID or last 4 digits of SSN:
Current Address:	City State Zip:
Phone Number:	Months requested: (Subject to approval and maximum of 2 months)
Employer's Name and Location:	

Vacation Relief

Please note that a Vacation Relief exemption from the 63-hour limit is for a specific employer replacing an employee on vacation for a specific period of time. If you were asked to work Vacation Relief by your Employer, you must submit this form **in advance**, prior to the first day of the month, in which you intend to work to Vacation Relief. For expedited review, you may fax your requests to the Trust Fund. If you do not receive a response within 24-48 hours (excluding holidays and weekends), please contact the Trust Fund Office, as this would indicate we did not receive your request.

The Vacation Relief employment limit is no more than 756 hours in a calendar year (prorated during the year you retire). Employment in excess of 756 hours in a calendar year will result in the withholding of one month of benefits for each month after exceeding 756 hours. Please note that all hours worked, not just those for Vacation Relief, are counted toward the 756 hours threshold.

If you are not replacing someone on vacation, the 63-hour monthly restriction is in effect. Of course, any work outside the geographical area covered by the plan is unlimited. **The geographic area covered by the Plan includes all of California, Hawaii and Nevada.**

Please reference the Re-Employment restriction Notice sent with our Annual Pension Payment Verification or online at www.UFCWTRUST.com.

Signature:	Date:
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