

EMPIRE STATE CARPENTERS FRINGE BENEFIT FUNDS



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UNEMPLOYMENT FORM

****PLEASE COMPLETE THE FOLLOWING AND RETURN TO ANY FUND OFFICE****

Under the Empire State Carpenter' Welfare Fund, a participant who receives state unemployment benefits, during a period of eligibility for benefits under the plan, can be credited with hours of covered employment at the rate of seven (7) hours per work day (Monday through Friday) for each day the participant received unemployment benefits. Such credit will be given for no more than 130 workdays for any one calendar year.

According to rules and regulations or the Welfare Plan, in order for you to receive credit for unemployment hours, you must be registered on the out of work list at the Empire State Carpenters and be available to work when contacted. You must also provide proof of your unemployment status (computer print out).

TO BE COMPLETED BY MEMBER

I have been registered on the out of work list at the Empire State Carpenters, and I have received employment benefits from the New York State Unemployment from the time period:

Starting date: ____/____/____ **End Date** ____/____/____ **Name of Local:** _____

Please indicate: I was actively seeking employment _____ I was in the Apprentice Training Program _____

Signature

Social Security Number

Email Address (optional)

Date

TO BE COMPLETED BY LOCAL- CIRCLE WAS OR WAS NOT BELOW

_____ **WAS / WAS NOT** registered with your Local's out of work list and actively seeking employment for the time period stated above. Below are the dates that he was signed to the out of work list during the period in question.

<u>START DATE</u>	<u>STOP DATE</u>	<u>START DATE</u>	<u>STOP DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Dispatcher/Business Representative

Date

TO BE COMPLETED BY APPRENTICE SCHOOL

Circle here if Member is NOT in attendance

Please find the dates below that this member was in attendance at the Apprenticeship training program:

<u>START DATE</u>	<u>STOP DATE</u>	<u>START DATE</u>	<u>STOP DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Apprentice Representative

Date