

To have vacation hours applied, it is your responsibility to complete and return this form (*Para poder aplicar sus horas, debe completar y devolver este formulario*).

There are three ways to return this form (*Hay tres maneras para devolver este formulario*):

Mail (correo):

UNITE HERE HEALTH
1801 Atlantic Avenue, Suite 200
Atlantic City, NJ 08401

Fax (fax):

(609) 385-0558

Walk-in (en persona):

1801 Atlantic Avenue, Suite 200
Atlantic City, NJ 08401

Hours: Monday–Friday (*De lunes a viernes*), 9 AM–5 PM

Participant Name (*Nombre del participante*) _____

Date (*Fecha*) _____

Casino Hotel (*Nombre del Casino*) _____

Social Security # (*Numero de Seguro Social*) _____ – _____ – _____

or (o) **Medical ID # UX1740** (*Numero de identificación médica*) _____

Dates on Vacation (*Mes solicitado para las vacaciones*)

From (*Desde*) _____ **to** (*hasta*) _____

Total # of Days (*Número total de días*): _____

I certify that the information I have provided above about my vacation dates and hours is true and accurate. I understand that providing false information to the Fund can negatively affect my benefits.

(Certifico que la información que he proporcionado acerca de mis fechas de vacaciones y horas es verdadera y exacta. Entiendo que proporcionar información falsa al fondo puede afectar negativamente a mis beneficios.)

Participant's Signature (*Firma*) _____ **Phone** (*Teléfono*) _____

Address (*Dirección*) _____

For Office Use	Total Hours
Hours reported for the work month when vacation is taken	
Month to take old banked hours from	
Old banked vacation hours available	
Old banked vacation hours applied	
New banked vacation hours available	
New banked vacation hours applied	
Total banked vacation hours applied	
Remaining # of new banked vacation hours	
<i>Date Received:</i>	<i>Received By:</i>
	<i>Processed By:</i>