Sheet Metal Workers' Pension Plan

OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA

P.O. BOX 10067

MANHATTAN BEACH, CA 90266-8567

PHONE: (800) 947-4338 PHONE: (310) 798-6572 FAX: (310) 798-5092

APPLICATION FOR GRACE PERIOD DUE TO INVOLUNTARY UNEMPLOYMENT

	(Please return o	completed form to the abo	ove address)						
I am requesting a Grace Period,to,					due to involuntary unemployment.				
	of Applicant:								
	ess of Applicant:								
Social Security Number:		_ Local Union	Local Union #:		I.D.#:				
1.	Were you available for Sheet Metal Work during this	period?	Yes		No				
2.	Were you registered on the Out of Work List with yo	ur Local Union?	Yes		No				
3.	Were you in this area during the entire period?		Yes		No				
4.	Were you working out of the trade during this period	?	Yes		No				
	IF YES; indicate who you worked for and describe yo	our job duties:							
			4) (4)						
	CLARE UNDER PENALTY OF PERJURY RECT TO THE BEST OF MY KNOWLEDGE.)REGOIN	G STA	ATEMIE	NTS AI	RE TRUI	E AND	
	(Signature)					(Date))		
	PLEASE HAVE THIS SECTION	COMPLETED BY A	A LOCAL 1	UNION	OFFICL	AL	1		
	This member WAS registered on the Out-of-Work lis	t during the period from	m		to				
	This member WAS NOT registered on the Out-of-Work list with this Local.								
	Withdrawal Card issued on			<u>.</u> .					
	Transferred to Local, in the State of								
	Other:								
	(Signature of Union Official)	DATE			Local	Union#			

NOTE: ATTACH COPY OF WORK HISTORY CARD.

