



JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

158-11 HARRY VAN ARSDALE JR. AVENUE • FLUSHING, N.Y. 11365

TEL: (718) 591-2000 • FAX: (718) 380-7741 • www.jibei.org

HARRY VAN ARSDALE JR.
Founder

DR. GERALD FINKEL
Chairman
STEVEN LAZZARO
Secretary
THOMAS CLEARY
Treasurer
VITO V. MUNDO
Counsel

JOHN LIU
Public Member

Employer Representatives

ROBERT AMABILE
BEN D'ALESSANDRO
KRISTINE DeNAPOLI
STEPHEN GIANOTTI
CRAIG GILSTON
KEVIN HARRAND
CAROL KLEINBERG
STEVEN LAZZARO
CIRO LUPO
ANTHONY MANN
JOHN MANNINO
SANDRA MILAD-GIBSON
DAVID PARKER
HAL SOKOLOFF
DAVID WARDELL

Employee Representatives

BENJAMIN ARANA
JAMES BUA
THOMAS CAPURSO
THOMAS CLEARY
CHRISTOPHER ERIKSON
CHRISTOPHER ERIKSON JR.
ANTHONY FALLEO
WILLIAM HOFVING
ROBERT OLENICK
JOSEPH PROSCIA
RICARDO ROLLINS
JOSEPH SANTIGATE
LANCE VAN ARSDALE

March 2021

Vacation Period: April 1, 2021 through March 31, 2022

Dear Participant:

Subject to your Collective Bargaining Agreement, participants with three or more weeks of vacation are entitled to take one week in days with the prior approval of your employer.

Payments shall be made from your account(s) subject to available balances and the priority order set by the Joint Industry Board of the Electrical Industry. Payments received from the Vacation, Holiday Unemployment Plan **are not subject to withholding taxes** as contributions were taxed before they were credited to your account. Payments received from the Additional Security Benefits Fund will be taxed according to your legal residence. Payments from the Deferred Salary Plan are generally subject to 20% federal tax withholding and if received before attaining age 59½, may be subject to an additional 10% penalty.

This benefit is subject to the balance in the participant's account at the time that the disbursement is made from the Plan for that vacation day.

Checks will be mailed two (2) weeks prior to your scheduled day off.

Please complete the section below and return this entire form to the Joint Industry Board, fax to 718-591-2518. The maximum daily payment is equal to one fifth of your maximum weekly amount. Please refer to your vacation letter for the amount.

	Month	Day	Year	Net Amount (\$) Per Day
1st vacation day				
2nd vacation day				
3rd vacation day				
4th vacation day				
5th vacation day				

The Employer agrees to the above vacation schedule.

Employer _____

Employer's Signature _____ Date _____

Print Member's Name _____ PID # _____

Member's Signature _____ Date _____