

IUPAT of Western Pennsylvania Combined Funds

101 Ewing Road
Carnegie, PA 15106
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Benefits@iupatdc57fund.org

Wage Reimbursement Form

Member Information – Please provide **all** requested information:

Last Name:	First Name:	Middle Initial:
Member Social Security Number:		
Street Address:		
City:	State:	Zip Code:

Check here if this is a Change of Address

You may receive up to 75 PTO days per year. I hereby request a check for the number of days listed below at \$200.00 per day.

PTO Days: _____

Please note: There are no longer segregated vacation and holiday times. All time off is now considered personal time off.

Tax withholding information: All amounts are subject to all federal and state employment tax obligations and to all federal, state, and local wage withholding obligations, deductions, and reductions.

Member Signature: _____ Date: _____

Request forms must be **received** in the Fund Office no later than the 10th of the month to have a check issued on the 15th of the month.