



# HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 – Fax (808) 441-8757  
PHONE (808) 441-8600 - NEIGHBOR ISLANDS DIAL DIRECT 1 (888) 520-8078

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## HAWAII LABORERS' VACATION & HOLIDAY FUND EARLY PAYMENT - REDUCED WORK HOURS APPLICATION

| Employee Information (To be completed by employee)  |                  |                         |
|---|------------------|-------------------------|
| Last Name:  | First Name:      | Social Security Number: |
| Phone Number:   | Mailing Address: | City, State, Zip:       |
| <b>Please check one of the following:</b>   |                  |                         |
| <input type="checkbox"/> I am requesting to withdraw \$ _____ from my Vacation & Holiday account.   |                  |                         |
| <input type="checkbox"/> I am requesting to withdraw ALL Vacation & Holiday monies from my Vacation & Holiday account.  |                  |                         |
| You are authorized to mail the payment addressed to the undersigned at the address listed above. The undersigned agrees to indemnify you against all liability of loss in connection with said payment and mailing, and agrees that if I am not the person entitled to this benefit I will reimburse and indemnify you thereof. |                  |                         |
| Employee Signature: _____   |                  | Date: _____             |
| Work Hour Verification (To be completed by Employer and/or Laborers' Union)   |                  |                         |
| Employee Verification:  |                  |                         |
| I have verified that as of _____, employee _____ has worked:  |                  |                         |
| (Date) (Employees Full Name)  |                  |                         |
| <input type="checkbox"/> More than 20 hours per week  |                  |                         |
| <input type="checkbox"/> Less than 20 hours per week  |                  |                         |
| <input type="checkbox"/> Is no longer employed as of _____  |                  |                         |
| Authorized Signature (Employer/Union Representative )   | Print Name       | Date                    |
| _____   | _____            | _____                   |
| Title   | Employer Name    | Phone Number: _____     |
| _____   | _____            | _____                   |

Upon completion, please return application to the following address:

**Hawaii Laborers' Trust Fund Office**  
**Attention: Vacation Department**  
**1440 Kapiolani Blvd., Suite 800**  
**Honolulu, HI 96814**  
**Fax: (808) 441-8757**

For further questions, please feel free to contact the Vacation Department at (808) 441-8640 or toll free at (888) 520-8078.