



SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

Employee Information				
Employee Name		Date of Birth		Social Security Number
Employer Name (Last Employer)		Work Phone		Home Phone
Employee Home Address		City	State	Zip
Reason for Leave:	<input type="checkbox"/> Disability	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Caring for Family Member	
Last Day of Work		Date Employer Notified in Writing		

Employee Signature		Date
Employer Representative Signature		Employer Representative Name (Please Print)
		Date

Once you have notified your employer, in writing, of your intent to take leave under the Family & Medical Leave Act, please send this form to the Trust Fund Office:

United Administrative Services
Sacramento Area Electrical Workers
PO Box 5057
San Jose, CA 95150

If you have any questions, please call our office at (408) 288-4400

FOR ADMINISTRATIVE USE ONLY				
Reason for Absence				Verified with Employer on (Date):
<input type="checkbox"/> SDI	<input type="checkbox"/> Worker's Comp	<input type="checkbox"/> Birth of a Child, Date of Birth: _____	<input type="checkbox"/> Other _____	
Notes:				