

Local B-192 “Good and Welfare” Request Form

Name: _____ **Employee #:** _____

Address: _____

Contact Phone: _____ **Hire Date:** _____
(Must be with Company more than 6 months to be eligible for G&W)

Department: _____

Requesting Party Name: _____

Contact Phone: _____ **Department:** _____

Reason for request (please circle): Member Death; Death of Member’s Immediate Family; Past Member’s Death; Flowers for Funeral, Travel for Funeral; Member’s Death Charitable Contribution; Member Hospitalization; Flowers for Hospitalization; Wedding; Birth of a Child; Special Medical Leave; Extraneous Circumstances.

Please state immediate needs: _____

Signature of requesting party (Required): _____ Date: __/__/__

Please do not write below this line



Date request was brought to the Union’s attention: __/__/__

Member’s date of hire: __/__/__

Is member in good standing? (check one): ____ Yes ____ No

If no, please explain: _____

Recommendation of the “Good an Welfare Committee” _____



Decision made by the Executive Board/General Membership on: __/__/__. Contribution: \$____.____