



TEAMSTERS LOCAL UNION NO. 79

5818 E. Martin Luther King Boulevard
Tampa, Florida 33619



WITHDRAWAL REQUEST

Member's Name _____

Today's Date _____

SS# _____ Telephone _____

Employer _____ Location _____

Employer Phone _____ Last Day Worked _____

NOTE: ALL WITHDRAWALS ARE SUBJECT TO APPROVAL OF THE EXECUTIVE BOARD. FURTHER, IT IS THE MEMBERS OBLIGATION TO NOTIFY THE LOCAL UNION UPON RETURNING TO WORK.

Enclosed is 50¢, please place me on withdrawal.

Signature _____

REASON FOR REQUESTING WITHDRAWAL:

Illness/Workers Comp. Injury Date _____

Retirement Date _____

Leave of Absence _____

Discharge/Layoff Date _____

Other _____

Dues Paid Through _____

Employer Contacted By _____

Person Contacted _____

Date Contacted _____

Approved _____ Not Approved _____