

## IATSE LOCAL 728 AFFIDAVIT FOR SICK DUES

I, \_\_\_\_\_, request that Local 728 pay or reimburse my dues assessment(s) for the following quarters and state that I did not perform IATSE Local 728 covered work during the quarters requested for payment or reimbursement.

Check the applicable boxes, a maximum of four (4) consecutive quarters:

- ☐ Third (3<sup>rd</sup>) Quarter 2024 (July 1<sup>st</sup> to September 30<sup>th</sup>)
- ☐ Fourth (4<sup>th</sup>) Quarter 2024 (October 1<sup>st</sup> to December 31<sup>st</sup>)
- ☐ First (1<sup>st</sup>) Quarter 2025 (January 1<sup>st</sup> to March 31<sup>st</sup>)
- ☐ Second (2<sup>nd</sup>) Quarter 2025 (April 1<sup>st</sup> to June 30<sup>th</sup>)
- ☐ Third (3<sup>rd</sup>) Quarter 2025 (July 1<sup>st</sup> to September 30<sup>th</sup>)
- ☐ Fourth (4<sup>th</sup>) Quarter 2025 (October 1<sup>st</sup> to December 31<sup>st</sup>)

This affidavit must be presented along with a letter from your doctor on the doctor's office letterhead along with the doctor's signature. The note must state that you were unable to work due to an illness or disability. It must specify a "beginning on" and "ending on" date that corresponds with one or more of the quarters shown above in their entirety.

Any other letters or applications such as an EDD disability application, a prescription form and medical reports are not acceptable.

If you return to work during any quarter during which the Local has paid your dues, you must reimburse the Local for that quarter.

Local 728's Constitution & By-Laws allows a member who becomes ill or disabled and is unable to pay their Union dues to make application by affidavit to the Executive Board to request that the Local pay their dues.

There is a maximum of four (4) consecutive quarters that can be applied for. For past quarter's reimbursements or payments, you are limited to applying for the previous two quarters.

If you have requested four consecutive sick dues and you are still ill or disabled and unable to work, Local 728 requests you to take an Honorable Withdrawal. Per Constitution, Article 6, Section 7 d): ***"Any member who request this Local to pay his dues because of illness or disability over four quarters shall be required by the Local to take an Honorable Withdrawal."*** If you do not wish to take a withdrawal you will be responsible for quarterly dues assessments.

**Please complete the following:**

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NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS# LAST FOUR \_\_\_\_\_ LAST DAY WORKED \_\_\_\_\_ DATE OF ILLNESS \_\_\_\_\_

ANTICIPATED RETURN TO WORK DATE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU RECEIVING WORKMAN'S COMPENSATION?

Check one: Yes ☐ No ☐

I DECLARE THE ABOVE STATEMENTS ARE TRUE AND I HAVE NOT PERFORMED IATSE LOCAL 728 COVERED WORK DURING THE QUARTERS REQUESTED FOR PAYMENT OR REIMBURSEMENT.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

Bottom Portion is for Local 728, Thank You.

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**Member's Current Status:** \_\_\_\_\_ **Current Sick Request #** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATION OF SICK COMMITTEE: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**IF YOU RETURN TO WORK DURING THE QUARTER THE LOCAL PAYS YOUR DUES, YOU MUST REIMBURSE THE LOCAL FOR THAT QUARTER.**

## DR. LETTERHEAD

January 1, 2025

**Re: John Doe, Member Local 728**

To Whom It May Concern:

Please be advised that John Doe is currently under my care and unable to work.

Mr./Mrs. Doe has been out of work since \_\_\_\_\_ and will not be able to return until \_\_\_\_\_.

Sincerely,

Dr. \_\_\_\_\_

**Please note this is a sample letter. Please provide a valid letter on doctor letterhead!**

## **2025 Executive Board Meeting Schedule**

<b>Executive Board Meetings Saturdays</b>
<b>January 4, 2025</b>
<b>February 8, 2025</b>
<b>March 1, 2025</b>
<b>April 12, 2025</b>
<b>May 3, 2025</b>
<b>June 7, 2025</b>
<b>July 12, 2025</b>
<b>August 9, 2025</b>
<b>September 6, 2025</b>
<b>October 11, 2025</b>
<b>November 1, 2025</b>
<b>December 6, 2025</b>