



**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 \_\_\_\_\_