DECLARATION OF EMPLOYER'S AUTHORIZED REPRESENTATIVE

STATE OF)
) SS:
COUNTY OF
I,, being duly sworn according to law, depose, declare, certify, and
state as follows:
1. I am an authorized representative of ("Employer"), and am familiar with
its leave policies and benefit contributions. The Employer's employee,
("Participant"), has requested, received, and has taken or is taking paid leave under the Families Firs
Coronavirus Response Act ("FFCRA"), for one or more of its qualifying reasons.
2. I acknowledge that the Employer is obligated to report and pay contributions to the Iron Workers
District Council of Southern Ohio and Vicinity Benefit Trust on the Participant's behalf for all paid
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hours the Participant received due to any FFCRA-qualifying reason(s), but if the Employer fails to
submit the FFCRA Contribution Report and/or accompanying Declarations, it will be charged for
contributions owed to the Benefit Trust, Pension Trust, and Annuity Trust for all paid hours the
Participant received due to any FFCRA-qualifying reason(s), along with late charge assessments, and
that none of the hours will be posted until such time as the FFCRA Contribution Report and/or
Declarations are filed with the Trust Office.
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE
AND CORRECT. Executed on this day of, 2020.
Signature:
DECLARATION AND WAIVER OF PARTICIPANT
STATE OF)
) SS:
) SS: COUNTY OF)
I,, being duly sworn according to law, depose, declare, certify, and
state as follows:
1. I am employed by ("Employer"), and have requested, received, and
have taken or am taking from the Employer paid leave under the Families First Coronavirus Response
Act ("FFCRA"), for one or more of its qualifying reasons. I acknowledge that my Employer is obligated
to report and pay contributions to the Iron Workers District Council of Southern Ohio and Vicinity
Benefit Trust on my behalf for all paid hours I have received due to any FFCRA-qualifying reason(s).
2. I voluntarily waive any and all rights, and release any and all claims to receive any benefits from
the Iron Workers District Council of Southern Ohio and Vicinity Pension and Annuity Trusts for all paid
hours I received from my Employer due to any FFCRA-qualifying reason(s). I agree to include, and have
included, a true and accurate photocopy of my driver's license or State-issued ID with this Declaration
and Waiver.
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE
AND CORRECT. Executed on this day of, 2020.
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Signature: Address: