Carpenters Southwest Administrative Corporation

LOS ANGELES ADMINISTRATIVE OFFICE: 533 S Fremont Ave .• Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370
LAS VEGAS ADMINISTRATIVE OFFICE: 980 Kelly Johnson Dr., Ste.180 • Las Vegas, NV 89119-3722 • Tel: (702) 851-4510 • Toll Free (800) 501-0210
www.carpenterssw.org

IMPORTANT NOTICE

SUBJECT: SOUTHWEST CARPENTERS VACATION TRUST
July 2010 Vacation Benefit Distribution

Work hours reported from September 1, 2009 through February 28, 2010 are listed in detail on the voucher attached to your Vacation check. If you can prove that you worked more hours than are reported on the voucher, please list below the employers who **DID NOT** report your hours correctly. **NO ACTION WILL BE TAKEN ON YOUR CLAIM UNTIL THIS FORM IS RETURNED**.

Please remember that you may have already collected your benefits under the Apprenticeship Wage Program. Also a portion of the Vacation deducted on your paycheck stub is for your Supplemental Dues, unless your employer lists it separately.

Investigation will be made of your claim as soon as possible. Claims for supplementary benefits will be processed after the initial distribution has been completed. Please **do not** telephone or visit the Administrative Office or your Local Union Office concerning your check or this claim. It will only delay the processing of this claim. Instead, please complete this form and return to the Administration Office. This will ensure investigation of your claim at the earliest date. **PLEASE REMEMBER THAT HOURS WORKED IN THE LAST WEEK OF EACH MONTH ARE USUALLY SUBMITTED ON THE FOLLOWING MONTH'S REPORT.**

If the information submitted on this form is incorrect or incomplete, we will return it to you for correction and/or completion.

PLEASE PRINT OR WRITE CLEARLY

DO NOT LIST HOURS WORKED AFTER
February 28, 2010

NAME & ADDRESS OF EMPLOYER (Reporting incorrectly)	MONTH & YEAR WORKED	NUMBER OF HOURS WORKED EACH MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME (Print) _____ DATE _____

SIGNED _____ LOCAL UNION _____

SOCIAL SECURITY NUMBER (Print Clearly) _____

PHONE NUMBER ( ) _____

PLEASE ATTACH CHECK STUB COPIES SUPPORTING THE INFORMATION LISTED ABOVE AND MAIL TO: Southwest Carpenters Vacation Trust, 533 S. Fremont Ave.6th fl. Los Angeles, CA 90071 or 980 Kelly Johnson Dr., Suite #180, Las Vegas, NV 89119.

Rev. 01/2010