



Carpenters Southwest Administrative Corporation

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www.carpenterssw.org

VACATION CLAIM FORM

SUBJECT: SOUTHWEST CARPENTERS VACATION TRUST
Vacation Benefit Distributions

Please review the hour detail on your check stub or direct deposit voucher. Please keep in mind apprentices may have previously received benefits for a work month prior to the payout period. Also, a portion of the Vacation deduction on your paycheck may include Supplemental Dues, unless your employer lists it separately.

If you believe there is a discrepancy you must file a claim disputing the hours reported within 60 days of the transmittal of the benefit distribution check; it will be assumed that the payment is correct if a claim is not filed.

To file a claim, please complete this form and submit it to the Administrative Office along with a copy of your paycheck stubs.

- Please note the July payout covers hours worked from September through February and the December payout covers hours worked from March through August.

A review will be made upon receipt of a completed claim form and a copy of your check stub(s). Please do not send original check stubs as they will not be returned. Upon review, if it is determined that additional benefits are due, you will receive a separate payment. If the claim is denied, you will receive written notification explaining the reason for the denial.

| NAME OF EMPLOYER (Reporting Incorrectly) | MONTH & YEAR WORKED | NUMBER OF HOURS WORKED EACH MONTH |
|---|------------------------|--------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PARTICIPANT NAME: _____ PARTICIPANT/SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____ DATE: _____

If additional space is needed, please attach a separate sheet of paper. Please return the signed form with supporting documentation to the Administrative Office at the address listed above.