



Carpenters Southwest Administrative Corporation

533 South Fremont Avenue • Los Angeles, California 90071-1706 • Tel: 213-386-8590 • Toll Free: 800-293-1370

www.carpenterssw.org

COMPANY INFORMATION

Company Name: _____ Date: _____

License# or Employer ID#: _____

Requested by: _____

Requestee Email: _____

REASON FOR ADJUSTMENT REQUEST (Check all that applies)

Hours reported under wrong remittance report

Hours reported in error

Other

Incorrect member hours reported

Incorrect indenture date

Incorrect member apprentice level

Incorrect member SSN

Note:

MEMBER INFORMATION

1. If entire remittance report is incorrect, please enclose a backup with the correct information. (No need to fill out the MEMBER INFORMATION portion of the form)

2. To transfer, reverse, or move hours from one member to another, please indicate the hours to be reversed with the (-) symbol.

MEMBER NAME	SSN or UBC#	JOBCLS	WORK MO.	HOURS	REFNO#	AGREEMENT CODE

This section is for CONTRIBUTIONS DEPARTMENT (Office use only)

Adjuster Name: _____

Overage/Shortage: _____

Completion Date: _____

Liquidate Damages: _____

Discrepancy RefNo: _____

Waived Damages: _____

Reactivation: _____

Note: