

New York City District Council of Carpenters Benefit Funds
395 Hudson Street, New York, N.Y. 10014 • Phone (212) 366-7300
Attention: Internal Delinquencies Department

BENEFIT HOURS SHORTAGE REPORT

Your Name: _____
(Please Print) Last First Middle Signature

Address: _____
City State Zip

Social Security No. _____ Local Union No. _____

Home Phone Number: _____ Job Phone Number _____

If you do not receive the amount of Benefit Hours to which you are entitled from your employer, you should file this Benefit Hours Shortage Report. **This report should be filed within 14 days of the date the Benefit hours were due**, so that the Benefit Funds can account for all your work in covered employment and ensure that you receive all benefits to which you are entitled.

Person Shortage Reported To: _____ Title: _____ Date: _____

Name of Employer: _____

Address: _____

Job Location: _____

Shortage of hours: _____ Payroll Week Ending: _____

Indicate Industry:

Shop _____ Outside _____ SCA _____
(Y / N)

Journeyman _____ Apprentice _____ PLA _____
(Y / N)

***IMPORTANT:** Paycheck Receipts for payroll week(s) must be documented. Please keep the original pay stub and submit one copy to the NYCDCC Benefit Funds. Also, keep a copy of this form for your records and submit an additional copy, along with all other documentation, to the address listed above.
