



**CARPENTERS
SERVICES
ADMINISTRATIVE
CORPORATION**

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Los Angeles, CA 90071-3203

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csacbenefits.org

Adjustment Request Form

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: _____	