

NORTHEAST REGIONAL COUNCIL OF CARPENTERS

Long Island

270 Motor Pkwy, Suite 2
Hauppauge, NY 11788
Tel.: (631) 952-9700
Fax: (631) 952-9813

**Westchester/Rockland/Putnam/
Hudson Valley/Albany/Adirondack**

10 Corporate Park Drive Suite B
Hopewell Junction, NY 12533
Tel.: (845) 202-5646
Fax: (845) 897-2492

Western Regions

181 Industrial Park Rd
Horsehead, NY 14845
Tel.: (607) 739-1326
Fax: (607) 739-1415

BENEFIT/WAGE SHORTAGE REPORT

COMPLETE THE FOLLOWING INFORMATION FOR UNPAID
WAGES AND/OR FRINGE BENEFITS

WILL NOT BE ACCEPTED WITHOUT PAY STUBS

PART 1

Member's Name: _____ Date Reported: _____
Address: _____
Telephone: _____ Social Security No.: _____
Email Address: _____ Local Union No.: _____

PART 2

Service Representative: _____
Shop Steward: _____ Job Location: _____
Employer: _____
Employer Address: _____
Employer Telephone: _____

Shortage of Hours

| | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Payroll Weekending | | | | | | | | | |
| Hours Short | | | | | | | | | |

Shortage of Wages

| | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Payroll Weekending | | | | | | | | | |
| Wages Short | | | | | | | | | |

PART 3

TYPE OF BENEFIT: COMMERCIAL RESIDENTIAL HEAVY HIGHWAY _____
CLASSIFICATION: Journeyman Apprentice 1 2 3 4 (Circle One)

Member's Signature _____ Date: _____

FOR OFFICE USE ONLY