



# HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 – Fax (808) 441-8757  
PHONE (808) 441-8600 - NEIGHBOR ISLANDS DIAL DIRECT 1 (888) 520-8078

ANNUITY - HEALTH & WELFARE - LECET - PENSION - TRAINING - VACATION

## DISCREPANCY FORM HAWAII LABORERS' VACATION & HOLIDAY FUND

Hours reported and paid by your employer for the months of **September 2009** through **August 2010** are listed in detail on the check voucher attached to your Vacation Fund Check. If there is a discrepancy in the hours and amounts, please complete this form and return with copies of your pay stub(s) to the following address:

**Hawaii Laborers' Trust Fund  
Attention: Audit Department  
1440 Kapiolani Blvd., Suite 800  
Honolulu, Hawaii 96814**

(Please write clearly)

EMPLOYER NAME	EMPLOYMENT DATE (Include month & year)	TOTAL HOURS WORKED (Do not list hours after August 2010)

Upon receipt of this request, please be advised that the investigation may take up to 60 days. We will contact you upon completion of our findings. We thank you for your patience.

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_