



# CSATF REQUEST LETTER

Information needed in order to send a copy to the Contract Service Administration Trust Fund.  
Please allow between 2-5 Business days to receive copy of letter in the mail.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

SS# \_\_\_\_\_

Entering Group Union (Name or #) \_\_\_\_\_

Classification (Your Job Title on the production) \_\_\_\_\_

Production you worked on \_\_\_\_\_

Number of actual days you worked \_\_\_\_\_  
(If you cannot find this out, we will look back at our payroll records, so please provide show name)

Dates Worked - Start/First Date = \_\_\_\_\_ Fin/Last Date = \_\_\_\_\_