

PIPEFITTERS LOCAL 636

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TROY, MI 48099-0278

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

NEW SERVICE JOURNEYMAN

SEC 111

MONTH: _____ FROM: _____ TO: _____

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE 15th OF THE MONTH FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR WEEKLY EMPLOYERS FUNDS ARE DUE NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE WEEK ENDING SUBMIT DATE. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	TOTAL HOURS WORKED (A)	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
			HOURS (B)	RATE	AMOUNT (C)
TOTAL					

<table style="width: 100%;"> <tr> <td>TOTAL HOURS (A)</td> <td>_____ X \$20.68 PER HOUR</td> <td>= \$ _____</td> </tr> <tr> <td>WAGE REDUCTION (B)</td> <td>_____ HOURS</td> <td>TOTAL (C) \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL THIS REPORT \$ _____</td> <td> </td> </tr> </table>	TOTAL HOURS (A)	_____ X \$20.68 PER HOUR	= \$ _____	WAGE REDUCTION (B)	_____ HOURS	TOTAL (C) \$ _____	TOTAL THIS REPORT \$ _____			<p>MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042</p>
TOTAL HOURS (A)	_____ X \$20.68 PER HOUR	= \$ _____								
WAGE REDUCTION (B)	_____ HOURS	TOTAL (C) \$ _____								
TOTAL THIS REPORT \$ _____										

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10% OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; font-size: small;">FRINGE BENEFITS</th> </tr> </thead> <tbody> <tr><td>PENSION FUND</td><td style="text-align: right;">\$7.10</td></tr> <tr><td>INSURANCE FUND</td><td style="text-align: right;">\$9.50</td></tr> <tr><td>DUES FUND</td><td style="text-align: right;">\$0.38</td></tr> <tr><td>DEF. CONTRIB FUND</td><td style="text-align: right;">\$2.25</td></tr> <tr><td>SUB FUND</td><td style="text-align: right;">\$0.50</td></tr> <tr><td>P.I.E.T.FUND</td><td style="text-align: right;">\$0.40</td></tr> <tr><td>RETIREE & WIDOW FUND</td><td style="text-align: right;">\$0.10</td></tr> <tr><td>INT'L TRAINING FUND</td><td style="text-align: right;">\$0.10</td></tr> <tr><td>PIPING ED COUNCIL FUND</td><td style="text-align: right;">\$0.35</td></tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$20.68</td> </tr> </tbody> </table>	FRINGE BENEFITS		PENSION FUND	\$7.10	INSURANCE FUND	\$9.50	DUES FUND	\$0.38	DEF. CONTRIB FUND	\$2.25	SUB FUND	\$0.50	P.I.E.T.FUND	\$0.40	RETIREE & WIDOW FUND	\$0.10	INT'L TRAINING FUND	\$0.10	PIPING ED COUNCIL FUND	\$0.35	TOTAL	\$20.68	<p style="font-size: x-small;">EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ INSURANCE FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; font-size: small;">ADMINISTRATIVE USE ONLY</th> <th style="width: 50%; text-align: left; font-size: small;">EMPLOYER:</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">DATE RECEIVED: _____</td> <td>_____</td> </tr> <tr> <td style="font-size: small;">DEPOSIT DATE: _____</td> <td style="font-size: small;">ADDRESS: _____</td> </tr> <tr> <td style="font-size: small;">CHECK NUMBER: _____</td> <td style="font-size: small;">CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td style="font-size: small;">CHECK AMOUNT: _____</td> <td style="font-size: small;">TELEPHONE: _____</td> </tr> <tr> <td style="font-size: small;">ENTERED BY: _____</td> <td style="font-size: small;">SIGNATURE: _____ DATE: _____</td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">CHECK FOR MORE FORMS _____</p>	ADMINISTRATIVE USE ONLY	EMPLOYER:	DATE RECEIVED: _____	_____	DEPOSIT DATE: _____	ADDRESS: _____	CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____	CHECK AMOUNT: _____	TELEPHONE: _____	ENTERED BY: _____	SIGNATURE: _____ DATE: _____
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SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PIPEFITTERS LOCAL 636 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.