

PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

5TH YEAR APPRENTICE (Consists of 9th and 10th Academic Periods)

SEC 106

MONTH: _____ FROM: _____ TO: _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE 15th OF THE MONTH FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
TOTAL									

TOTAL HOURS (A) _____ X \$12.40 = \$ _____

WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____

TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
 PO BOX 638043
 CINCINNATI, OH 45263-8043

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.

FRINGE BENEFITS	
PENSION FUND	\$4.50
INSURANCE FUND	\$6.10
SUB FUND	\$0.50
WORKING DUES FUND	\$0.65
TRAINING FUND	\$0.10
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.50
IAR FUND	\$0.00
TOTAL	\$12.40

EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND.
 PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
 IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

ADMINISTRATIVE USE ONLY	
DATE RECEIVED: _____	EMPLOYER: _____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____
ENTERED BY: _____	SIGNATURE: _____ DATE: _____

CHECK FOR MORE FORMS _____

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC

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 PLUMBERS LOCAL 98 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 PLUMBERS LOCAL 98 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.