

PLUMBERS LOCAL 98

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

METAL TRADES HELPER

SEC 135

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 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 \$5.17	\$	_____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98 PO BOX 638043 CINCINNATI, OH 45263-8043</p> </div>					
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.

FRINGE BENEFITS	
INSURANCE FUND	\$3.37
WORK DUES FUND	\$0.85
TRAINING FUND	\$0.10
INT'L TR FUND	\$0.05
PIP EDU COUNCIL FUND	\$0.35
IAR FUND	\$0.45
TOTAL	\$5.17

EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.35 TO THE TRAINING FUND.
 PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
 IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.35 DIRECTLY TO THE INDUSTRY FUND.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ADMINISTRATIVE USE ONLY</div> DATE RECEIVED: _____ DEPOSIT DATE: _____ CHECK NUMBER: _____ CHECK AMOUNT: _____ ENTERED BY: _____	EMPLOYER: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ TELEPHONE: _____
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.