ΡI	PE	FIT	TERS	LOC	AL 636
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PO BOX 278

TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

	GRADUATE SERVICE JOURNEYMAN I SEC 109							
м	ONTH:	FROM:		то: —				
THIS REPORT WITH PAY FOLLOWING THE MON	MENT MU TH IN WH R THE WE	ST BE RECEIVED BY THE PIPEFITTERS LO ICH THE HOURS WERE WORKED. FOR WE EK ENDING SUBMIT DATE. REMITTANCE IS NCE IS BASED ON STRAIGHT TIME HOURS	CAL 636 TRUS E KLY EMPLOY S BASED ON AI S NOT TO EXCE	T FUNDS NO LA 'ERS FUNDS AR LL ACTUAL HOU	E DUE NO LATE	R THAN SEVEN (7)		
SOCIAL SECURITY NUMBER EMPLOYEE NAME TOTAL HOURS WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED WORKED 40 HOURS PER WEEK 40 HOURS PER WEEK								
			(A)	HOURS (B)	RATE	AMOUNT (C)		
		ТОТ	TAL					
TOTAL HOURS (A)		<u>X</u> \$22.03 PER HOUR = \$		MAKE CHEC	K PAYABLE TO: P	IPEFITTERS LOCAL 636		
WAGE REDUCTION (B	\$)	HOURS TOTAL (C) \$				TO: PIPEFITTERS LOCAL 636 PO BOX 675430		
		TOTAL THIS REPORT \$			DETROIT, MI 482	267-5430		
		ON TIME OR CALCULATED INCORRECTLY WILL RESUL		D DAMAGES CHARG	E WHICH WILL BE A	DDED TO THE REMITTANCE		
AMOUNT. THE LIQUIDATED DAMAGE	S CHARGE I	IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS						
FRINGE BENEFITS		EMPLOYERS NOT PAYING THE "CURRENT TO THE INSURANCE FUND. PLEASE CHECI			COUNCIL FUND MUS AINING FUND	ST ALLOCATE THIS AMOUNT		
PENSION FUND	\$7.10	IF THIS INFORMATION IS NOT COMPLETED EDUCATION COUNCIL FUND.	, THE FUND OFFIC	E WILL ALLOCATE	THIS AMOUNT DIREC	CTLY TO THE PIPING		
INSURANCE FUND - ACTIVE	\$10.85							
INSURANCE FUND - ACTIVE								
DUES FUND	\$0.00 \$0.38	ADMINISTRATIVE USE ONLY						
DEFINED CONTRIB FUND	\$0.38 \$2.25		EMPLOYE	ER:				
SUB FUND	\$2.23 \$0.50	DATE RECEIVED:						
P.I.E.T. FUND	\$0.40		ADDRESS					
RETIREE & WIDOW FUND	\$0.10	DEPOSIT DATE:						
INT'L TRAINING FUND	\$0.10		CITY: _		ST:	ZIP:		
PIPING ED COUNCIL FUND	\$0.35	CHECK NUMBER:						
IAR FUND	\$0.00	CHECK AMOUNT:	TELEPHO	NE:		_ CHECK FOR MORE FORMS		
TOTAL	\$22.03							
		ENTERED BY:				DATE:		
		F CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE						
JURISDICTION OF THE PIPEFITTERS CURRENT COLLECTIVE BARGAINING	LOCAL 636 F AGREEMEN	E INFORMATION CONTAINED IN THIS REPORT IS A FULL FOR THE PERIOD INDICATED. BY FILING THIS REPORT IT BETWEEN THE PIPEFITTERS LOCAL 636 AND THE MI ECIFICALLY INCLUDING PROVISIONS RELATING TO TH	, THE ABOVE NAME ECHANICAL CONTR	ED EMPLOYER AGRE	ES TO BE BOUND B'	Y ALL THE TERMS OF THE		
Revised Date: 06/03/24								

ΡI	PE	FIT	TERS	LOC	AL 636
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PO BOX 278

TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

GRADUATE SERVICE JOURNEYMAN II SEC 109									
м	ONTH:	FROM:		то: —					
THIS REPORT WITH PAY FOLLOWING THE MON	MENT MUS TH IN WHIC R THE WEE	T BE RECEIVED BY THE PIPEFITTERS LOC CH THE HOURS WERE WORKED. FOR WEI EK ENDING SUBMIT DATE. REMITTANCE IS ICE IS BASED ON STRAIGHT TIME HOURS	CAL 636 TRUST EKLY EMPLOY BASED ON AL	T FUNDS NO LA ⁻ 'ERS FUNDS AR LL ACTUAL HOU	E DUE NO LATE RS WORKED.	ER THAN Seven (7)			
SOCIAL SECURITY NUMBER EMPLOYEE NAME TOTAL HOURS WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED WORKED 40 HOURS PER WEEK									
			(A)	HOURS (B)	RATE	AMOUNT (C)			
		тот	AL						
TOTAL HOURS (A)		<u>x</u> \$22.03 PER HOUR = \$		MAKE CHEC	K PAYABLE TO: P	IPEFITTERS LOCAL 636			
WAGE REDUCTION (B			MAIL TO: PIPEFITTE			RS LOCAL 636			
WAGE REDUCTION (B	·)					267-5430			
		TOTAL THIS REPORT \$							
		N TIME OR CALCULATED INCORRECTLY WILL RESUL 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS 1		D DAMAGES CHARGE	E WHICH WILL BE A	DDED TO THE REMITTANCE			
		EMPLOYERS NOT PAYING THE "CURRENT A				ST ALLOCATE THIS AMOUNT			
FRINGE BENEFITS		TO THE INSURANCE FUND. PLEASE CHECK IF THIS INFORMATION IS NOT COMPLETED.				CTLY TO THE PIPING			
PENSION FUND	\$7.10	EDUCATION COUNCIL FUND.							
INSURANCE FUND - ACTIVE	\$10.85								
INSURANCE FUND - RETIREE	\$0.00								
DUES FUND	\$0.38	ADMINISTRATIVE USE ONLY	EMPLOYE	р.					
DEFINED CONTRIB FUND	\$2.25	DATE RECEIVED:	EMPLOTE	ĸ.					
SUB FUND	\$0.50		ADDRESS						
P.I.E.T. FUND	\$0.40	DEPOSIT DATE:	ADDICEOU	•					
RETIREE & WIDOW FUND	\$0.10		CITY:		ST:	ZIP:			
INT'L TRAINING FUND	\$0.10	CHECK NUMBER:			0				
PIPING ED COUNCIL FUND	\$0.35			NE:		CHECK FOR			
IAR FUND	\$0.00	CHECK AMOUNT:				MORE FORMS			
TOTAL	\$22.03	ENTERED BY:							
SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE									
JURISDICTION OF THE PIPEFITTERS CURRENT COLLECTIVE BARGAINING	LOCAL 636 FO	INFORMATION CONTAINED IN THIS REPORT IS A FULL OR THE PERIOD INDICATED. BY FILING THIS REPORT, BETWEEN THE PIPEFITTERS LOCAL 636 AND THE ME CIFICALLY INCLUDING PROVISIONS RELATING TO THE	THE ABOVE NAME CHANICAL CONTR	ED EMPLOYER AGRE	ES TO BE BOUND B'	Y ALL THE TERMS OF THE			
Revised Date: 06/03/24									

ΡI	PE	FIT	TERS	LOC	AL 636
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PO BOX 278

TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

GRADUATE SERVICE JOURNEYMAN III SEC 109									
M	ONTH:		FI	ROM:		то: —			
THIS REPORT WITH PAYN FOLLOWING THE MONT BUSINESS DAYS AFTER	MENT MU TH IN WH R THE WE	JST BE REC HICH THE HO EEK ENDING	EIVED BY THE PIPER DURS WERE WORKE	TITTERS LOCAL ED. FOR WEEKL MITTANCE IS BAS	636 TRUS ⁻ Y EMPLOY SED ON AL	T FUNDS NO LA TERS FUNDS AR LL ACTUAL HOU	TER THAN E DUE NO RS WORKI	THE 15th LATER TH ED. WAG	HAN SEVEN (7)
SOCIAL SECURITY NUMBER EMPLOYEE NAME TOTAL HOURS WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED WORKED 40 HOURS PER WEEK 40 HOURS PER WEEK									
					(A)	HOURS (B)	RATE	4	AMOUNT (C)
				TOTAL					
TOTAL HOURS (A)		<u>x</u> \$2	22.03 PER HOUR	= \$		MAKE CHEC	K PAYABLE	TO: PIPEFI	TTERS LOCAL 636
WAGE REDUCTION (B))	F	MAIL TO: PIPEFITTERS LOCAL HOURS TOTAL (C) \$ PO BOX 675430			CAL 636			
			DETROIT, MI 48267-5430				430		
SPECIAL NOTE: FAILURE TO FILE TH	IS REPORT	ON TIME OR C				D DAMAGES CHARGE	E WHICH WILI	L BE ADDED	TO THE REMITTANCE
AMOUNT. THE LIQUIDATED DAMAGE	S CHARGE								
			MPLOYERS NOT PAYING T O THE INSURANCE FUND.						OCATE THIS AMOUNT
FRINGE BENEFITS	0 7.40	IF	THIS INFORMATION IS NO	T COMPLETED, THE					o the piping
PENSION FUND	\$7.10	_	DUCATION COUNCIL FUNE).					
INSURANCE FUND - ACTIVE	\$10.85	- F							
INSURANCE FUND - RETIREE	\$0.00	-			<u> </u>				
DUES FUND	\$0.38	- F	ADMINISTRATIVE	USE ONLY	EMPLOYE	R:			
DEFINED CONTRIB FUND	\$2.25	C	ATE RECEIVED:]				
	\$0.50				ADDRESS	:			
P.I.E.T. FUND	\$0.40	C	EPOSIT DATE:		4				
RETIREE & WIDOW FUND	\$0.10				СІТҮ:		s	iт:	ZIP:
	\$0.10	c	HECK NUMBER:						
PIPING ED COUNCIL FUND IAR FUND	\$0.35 \$0.00				TELEPHO	NE:			CHECK FOR
TOTAL	\$0.00 \$22.03	C	HECK AMOUNT:						MORE FORMS
	ψ22.05	E	NTERED BY:		SIGNATUR	2E-		ΠΔΤ	'E:
SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE									
BY SIGNING THIS FORM, YOU CERTIF									
JURISDICTION OF THE PIPEFITTERS CURRENT COLLECTIVE BARGAINING THE TRUST AGREEMENTS OF THESE	LOCAL 636 AGREEME	FOR THE PERI	OD INDICATED. BY FILING THE PIPEFITTERS LOCAL 6	THIS REPORT, THE 36 AND THE MECHAI	ABOVE NAME	ED EMPLOYER AGRE ACTORS ASSOCIATI	ES TO BE BO	UND BY ALL	THE TERMS OF THE
Revised Date: 06/03/24									