

PIPEFITTERS LOCAL 636

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

APPRENTICE APPLICANT / MET

SEC 199

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					

<p>TOTAL HOURS (A) _____ X \$9.38 PER HOUR = \$ _____</p> <p>WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____</p> <p style="text-align: right;">* TOTAL THIS REPORT \$ _____</p>	<p>MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 675430 DETROIT, MI 48267-5430</p>
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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 style="width: 100%;"> <tr><td>INSURANCE FUND</td><td style="text-align: right;">\$6.50</td></tr> <tr><td>DUES FUND</td><td style="text-align: right;">\$0.78</td></tr> <tr><td>DEF. CONTRIB FUND*</td><td style="text-align: right;">\$1.00</td></tr> <tr><td>P.I.E.T.FUND</td><td style="text-align: right;">\$0.50</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;">\$0.40</td></tr> <tr><td>IAR FUND</td><td style="text-align: right;">\$0.10</td></tr> <tr><td>TOTAL</td><td style="text-align: right;">\$9.38</td></tr> </table> <p>* DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGINS.</p>	INSURANCE FUND	\$6.50	DUES FUND	\$0.78	DEF. CONTRIB FUND*	\$1.00	P.I.E.T.FUND	\$0.50	INT'L TRAINING FUND	\$0.10	PIPING ED COUNCIL FUND	\$0.40	IAR FUND	\$0.10	TOTAL	\$9.38	<p>EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">ADMINISTRATIVE USE ONLY</td> <td style="width: 50%;">EMPLOYER: _____</td> </tr> <tr> <td>DATE RECEIVED: _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td>DEPOSIT DATE: _____</td> <td>CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td>CHECK NUMBER: _____</td> <td>TELEPHONE: _____</td> </tr> <tr> <td>CHECK AMOUNT: _____</td> <td style="text-align: right;">CHECK FOR MORE FORMS _____</td> </tr> <tr> <td>ENTERED BY: _____</td> <td>SIGNATURE: _____ DATE: _____</td> </tr> </table>	ADMINISTRATIVE USE ONLY	EMPLOYER: _____	DATE RECEIVED: _____	ADDRESS: _____	DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____	CHECK NUMBER: _____	TELEPHONE: _____	CHECK AMOUNT: _____	CHECK FOR MORE FORMS _____	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.