## **PLUMBERS LOCAL 98**

PO BOX 159

TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

## METAL TRADES PLUMBER

SEC 130

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FROM:

MONTH:

## <u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED ON LIGHT COMMERCIAL WORK.

<u>RESIDENTIAL, SERVICE AND REPAIR</u> - 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. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

							TOTAL HOURS	TOTAL	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK			
SOCIAL SECURITY NUMBER		EMPLOYEE NAME		STRAIGHT TIME	OVER TIME	DOUBLE TIME	WORKED (A)	HOURS REPORTED	STRAIGHT TIME (B)			MOUNT (C)
			TOTAL									
TOTAL HOURS (A) x \$11.23 \$				MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98								
WAGE REDUCTION (B) HOURS TOTAL (C ) \$			MAIL TO: PLUMBERS LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434									
*TOTAL THIS REPORT \$												
SPECIAL NOTE: FAILURE TO FILE THIS R THE LIQUIDATED DAMAGES CHARGE IS	REPORT ON 10 % OF TH	TIME OR CALCULATED INCO E REMITTANCE AMOUNT BUT	RRECTLY WILL NOT LESS TH	RESULT IN A I AN \$15.00.	LIQUIDATED D	AMAGES CHA	ARGE WHICH	WILL BE ADDE	D TO THE RE	MITTANCE AN	MOUNT.	
FRINGE BENEFITS INSURANCE FUND \$6.57 WORK DUES FUND \$0.90	\$6.57 PLEASE CHECK HERE IF APPLICABLE: TRAINING FUND											
GENERAL DUES \$0.10												
DEF CONTRIB* \$1.75 TRAINING FUND \$0.61		ADMINISTRATIVE U	SE ONLY									
INT'L TR FUND \$0.05		DATE RECEIVED:		- EMPLOYER:								
PIP EDU COUNCIL FUND \$0.35				ADDRESS:								
IARF FUND \$0.90 TOTAL \$11.23		DEPOSIT DATE:		4								
* DURING THE INITIAL PROBATIONARY		CHECK NUMBER:									ST:	_ZIP:
PERIOD OF 90 DAYS, DEFINED		CHECK NUMBER.		TELEPHONE:								CHECK FOR
CONTRIBUTION (DC) IS NOT PAID. AFTER	२	CHECK AMOUNT:										MORE FORMS
PROBATIONARY PERIOD ENDS,												
CONTRIBUTIONS TO THE DC BEGIN		ENTERED BY:		SIGNATUR	:						DATE:	
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 TRUSS OF THE RUSS AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.												
EFF Date: 6/3/2024												