PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

		OYER'S REPORT OF HOURS				
		JOURNEYPER	SON			SEC 110
MO	NTH: —	FROM:		TO: —	_	
FOLLOWING THE MONTH BUSINESS DAYS AFTER	H IN WHICH T THE WEEK EI	E <b>RECEIVED</b> BY THE PIPEFITTERS LOCA HE HOURS WERE WORKED. FOR <b>WEEI</b> NDING SUBMIT DATE. REMITTANCE IS E IS BASED ON STRAIGHT TIME HOURS N	<b>KLY</b> EMPLOYE BASED ON ALI	RS FUNDS AR ACTUAL HOU	RE DUE NO LATER JRS WORKED. V	R THAN <b>SEVEN (7)</b>
SOCIAL SECURITY NUMB	BER	EMPLOYEE NAME	TOTAL HOURS WORKED	;	WAGE REDUCTIO STRAIGHT TIME NOT 1 40 HOURS PER 1	TO EXCEED
			(A)	HOURS (B)	RATE	AMOUNT (C)
		тоти	AL			
TOTAL HOURS (A)		<u>X</u> 39.08 per hour = \$			WE HAVE CHANGE	D BANKS
WACE REDUCTION (R)		HOURS TOTAL (C ) ¢		MAKE CHEC		PEFITTERS LOCAL 636
WAGE REDUCTION (B)		HOURS TOTAL (C ) \$			PIPEFITTERS LOG PO BOX 6754	
		TOTAL THIS REPORT \$			DETROIT, MI 482	
PECIAL NOTE: FAILURE TO FILE THIS	REPORT ON TIM	E OR CALCULATED INCORRECTLY WILL RESULT	IN A LIQUIDATED	DAMAGES CHARG	E WHICH WILL BE AD	DED TO THE REMITTANCE
		OF THE REMITTANCE AMOUNT BUT NOT LESS TH				
		EMPLOYERS NOT PAYING THE "CURRENT AN				FALLOCATE THIS AMOUN
FRINGE BENEFITS		TO THE INSURANCE FUND. PLEASE CHECK F IF THIS INFORMATION IS NOT COMPLETED, T			AINING FUND THIS AMOUNT DIRECT	TLY TO THE PIPING
ENSION FUND	\$16.50	EDUCATION COUNCIL FUND.				
SURANCE FUND - ACTIVE	\$10.85					
SURANCE FUND - RETIREE	\$3.65					
UES FUND	\$1.71	ADMINISTRATIVE USE ONLY	EMPLOYER			
EFINED CONTRIB FUND	\$2.25	DATE RECEIVED:	Limit Ed I Ei			
JB FUND	\$0.70	DATE RECEIVED.	ADDRESS:			
I.E.T. FUND	\$1.10	DEPOSIT DATE:	ADDITION.			
ETIREE & WIDOW FUND	\$0.80		CITY:		ST:	ZIP:
IT'L TRAINING FUND	\$0.10	CHECK NUMBER:				
IPING ED COUNCIL FUND	\$0.52	O.ILOR HOMBER.	TELEPHON	E:		CHECK FOR
AR FUND	\$0.90	CHECK AMOUNT:				MORE FORMS —
OTAL	\$39.08	C.ILOR AMOUNT.				
		ENTERED BY:	SIGNATURI	<b>=</b> •	ı	DATE:
				•		DAIL

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.

PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

		GRADUATE SERVIC	E JOURNEYM	IAN I		SEC 109
M	ONTH:	FROM: _		TO: —		
THIS REPORT WITH PAYM FOLLOWING THE MONT BUSINESS DAYS AFTER	MENT MUST E TH IN WHICH THE WEEK I	BE RECEIVED BY THE PIPEFITTERS THE HOURS WERE WORKED. FOR ENDING SUBMIT DATE. REMITTANC E IS BASED ON STRAIGHT TIME HOL	LOCAL 636 TRUST WEEKLY EMPLOY E IS BASED ON AL	FUNDS NO LAT ERS FUNDS AR L ACTUAL HOU	E DUE NO LATE RS WORKED.   \	R THAN SEVEN (7)
SOCIAL SECURITY NUM	BER	EMPLOYEE NAME	TOTAL HOURS WORKED	s	WAGE REDUCTION TRAIGHT TIME NOT 40 HOURS PER	TO EXCEED
			(A)	HOURS (B)	RATE	AMOUNT (C)
•						
		7	TOTAL			
TOTAL HOURS (A)		<u>X</u> \$22.03 PER HOUR = \$		MAKE CHECK	V DAVABI E TO: BI	PEFITTERS LOCAL 636
TOTAL HOURS (A)		<del></del>			IL TO: PIPEFITTER	
WAGE REDUCTION (B)		HOURS TOTAL (C ) \$			PO BOX 675	
		TOTAL THIS REPORT \$			DETROIT, MI 482	267-5430
		IME OR CALCULATED INCORRECTLY WILL RE % OF THE REMITTANCE AMOUNT BUT NOT LI		DAMAGES CHARGE	E WHICH WILL BE AI	DDED TO THE REMITTANG
		EMPLOYERS NOT PAYING THE "CURR		PIPING EDUCATION (	COUNCIL FUND MUS	ST ALLOCATE THIS AMOU
FRINGE BENEFITS		TO THE INSURANCE FUND. PLEASE CHIF THIS INFORMATION IS NOT COMPLE	HECK HERE IF APPLICA	BLE: TRA	INING FUND	
NSION FUND	\$7.10	EDUCATION COUNCIL FUND.	TED, THE FUND OFFICE	E WILL ALLOCATE T	HIS AWOUNT DIREC	TET TO THE FIFING
URANCE FUND - ACTIVE	\$10.85					
URANCE FUND - RETIREE	\$0.00					
ES FUND	\$0.38	ADMINISTRATIVE USE ONL	Υ			
FINED CONTRIB FUND	\$2.25		EMPLOYE	R:		
B FUND	\$0.50	DATE RECEIVED:				
E.T. FUND			ADDRESS:			
	\$0.40	DEPOSIT DATE:				
TIREE & WIDOW FUND "L TRAINING FUND	\$0.10 \$0.10		CITY: _		ST:	ZIP:
	·	CHECK NUMBER:				
PING ED COUNCIL FUND R FUND	\$0.35 \$0.00		TELEPHON	NE:		CHECK FOR
TAL	\$0.00 \$22.03	CHECK AMOUNT:				MORE FORMS _
IAL	φ22.03	ENTERED BY:	CICNATUR	F.		DATE:
			SIGNATUR	E:		DATE:

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.

PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

		GRADUATE SERVICE J	OURNEYM	AN II		SEC 109
MC	ONTH:	FROM:		TO: —		
THIS REPORT WITH PAYM FOLLOWING THE MONT BUSINESS DAYS AFTER	IENT MUST E H IN WHICH THE WEEK	BE <b>RECEIVED</b> BY THE PIPEFITTERS LOW THE HOURS WERE WORKED. FOR <b>WE</b> ENDING SUBMIT DATE. REMITTANCE IS E IS BASED ON STRAIGHT TIME HOURS	CAL 636 TRUST EKLY EMPLOYI S BASED ON AL	FUNDS NO LATERS FUNDS ARI	E DUE NO LATEI RS WORKED. V	R THAN SEVEN (7)
SOCIAL SECURITY NUMI	BER	EMPLOYEE NAME	TOTAL HOURS WORKED	s	WAGE REDUCTION TRAIGHT TIME NOT 140 HOURS PER 1	TO EXCEED
			(A)	HOURS (B)	RATE	AMOUNT (C )
		TO <sup>-</sup>	IAL			
TOTAL HOURS (A)		<u>x</u> \$22.03 PER HOUR = \$				PEFITTERS LOCAL 636
WAGE REDUCTION (B)		HOURS TOTAL (C ) \$		MA	IL TO: PIPEFITTER: PO BOX 675	
(=)					DETROIT, MI 482	
		TOTAL THIS REPORT \$				
		IME OR CALCULATED INCORRECTLY WILL RESUL % OF THE REMITTANCE AMOUNT BUT NOT LESS		DAMAGES CHARGE	WHICH WILL BE AD	DED TO THE REMITTANCE
WOONT. THE ENGINATED DAMAGE	OTIPAROL IO TO	EMPLOYERS NOT PAYING THE "CURRENT		PIPING EDUCATION (	COUNCIL FUND MUST	F ALLOCATE THIS AMOUNT
FRINGE BENEFITS		TO THE INSURANCE FUND. PLEASE CHECK	K HERE IF APPLICAE	BLE:TRA	INING FUND	
PENSION FUND	\$7.10	EDUCATION COUNCIL FUND.	o, The FUND OFFICE	WILL ALLOCATE T	HIS AWOUNT DIREC	ILT TO THE FIFTING
NSURANCE FUND - ACTIVE	\$10.85					
NSURANCE FUND - RETIREE	\$0.00					
DUES FUND	\$0.38	ADMINISTRATIVE USE ONLY	EMPLOYER	o.		
DEFINED CONTRIB FUND	\$2.25	DATE RECEIVED:	Limit Ed I Ei	·		
SUB FUND	\$0.50	5/112 KEGEIVES.	ADDRESS:			
P.I.E.T. FUND	\$0.40	DEPOSIT DATE:				
RETIREE & WIDOW FUND	\$0.10		CITY:		ST:	ZIP:
NT'L TRAINING FUND	\$0.10	CHECK NUMBER:				
PIPING ED COUNCIL FUND	\$0.35 \$0.00		TELEPHON	IE:		CHECK FOR
AR FUND	\$0.00	CHECK AMOUNT:				MORE FORMS
TOTAL	\$22.031					
TOTAL	\$22.03	ENTERED BY:	SIGNATUR	E:		DATE:

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.

PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

MONTH: FROM: TO:  THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 638 TRUST FUNDS NO LATER THAN THE 19th 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    MORE			GRADUATE SERVICE	<b>JOURNEYM</b>	AN III		SEC 109
THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 39 TRUST FUNDS NO LATER THAN THE 15th OF THE MONTO PROJECTION WHICH THE HOURS WERE WORKED FOR WEEKEY SEMPLOYERS FUNDS AS DO 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 FER WEEK.  SOCIAL SECURITY NUMBER    EMPLOYEE NAME	MC	ONTH: _	FROM:		TO:		
SOCIAL SECURITY NUMBER    HOURS   HOURS   RATE   AMOUNT (C)	THIS REPORT WITH PAYM FOLLOWING THE MONT BUSINESS DAYS AFTER	MENT MUST TH IN WHICH THE WEEK	BE <b>RECEIVED</b> BY THE PIPEFITTERS I ITHE HOURS WERE WORKED. FOR I ENDING SUBMIT DATE. REMITTANCE	OCAL 636 TRUST VEEKLY EMPLOYI IS BASED ON AL	FUNDS NO LAT ERS FUNDS AR L ACTUAL HOU	E DUE NO LATE RS WORKED.	ER THAN SEVEN (7)
TOTAL  TOTAL  TOTAL HOURS (A)  X \$22.03 PER HOUR  = \$  MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 PO BOX 675430 DETORIT, MI 48267-5430	SOCIAL SECURITY NUM	BER	EMPLOYEE NAME	HOURS	s	TRAIGHT TIME NOT	T TO EXCEED
TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDOUNT. THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDOUNT. THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDOUNT. THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDOUNT. TO THE PIPPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMO  FRINGE BENEFITS  NSION FUND  \$7.10  SURANCE FUND - ACTIVE \$10.85  SURANCE FUND - RETIREE \$0.00  ES FUND  \$0.38  FINED CONTRIB FUND  \$0.39  ADMINISTRATIVE USE ONLY  DATE RECEIVED:  DATE RECEIVED:  DATE RECEIVED:  DATE RECEIVED:  ADDRESS:  CHECK NUMBER:  CHECK NUMBER:  CHECK MOUNT:  TELEPHONE:  CHECK FOR MORE FORMS.  TELEPHONE:  CHECK FOR MORE FORMS.					HOURS (B)		
TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  TOTAL THIS REPO							
TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE REMITTANDED TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT FOR THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT OTHER FUND OFFICE WILL ALLOCATE THIS AMOUNT DIFFERD TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    FINGE BENEFITS							
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TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE INSTITUTE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE INSTITUTE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED AND THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED AND TO THE INSTITUTE A							
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TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE REMITTANDED TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT FOR THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT OTHER FUND OFFICE WILL ALLOCATE THIS AMOUNT DIFFERD TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    FINGE BENEFITS							
TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE INSTITUTE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE INSTITUTE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED AND THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED AND TO THE INSTITUTE A							
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TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE INSTITUTE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED TO THE INSTITUTE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED AND THE LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDED AND TO THE INSTITUTE A							
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TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTAN LIQUIDATED DAMAGES							
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TOTAL HOURS (A)  WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  TOTAL THIS REPORT \$  TOTAL THIS REPO							
WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  DETROIT, MI 48267-5430  DETROIT, MI 48267  DETROIT, MI 4826			т	OTAL			
WAGE REDUCTION (B)  HOURS  TOTAL (C) \$  DETROIT, MI 48267-5430  DETROIT, MI 48267  DETROIT, MI 48267-5430  DETROIT, MI 48267	TOTAL HOURS (A)		x \$22.03 PER HOUR = \$		MAKE CHEC	K PAYABLE TO: P	IPEFITTERS LOCAL 636
TOTAL THIS REPORT \$	. ,					IL TO: PIPEFITTEI	RS LOCAL 636
CIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANDUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.    EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMO TO THE REMITTANCE 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 FUND.    EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND MUST ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    EMPLOYERS CHARGE WHICH WILL BE ADDED TO THE REMITTAN AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    EMPLOYERS CHARGE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    EMPLOYERS NOT PAYING THE "CURRENT AMOUNT "TO THE PIPING EDUCATION COUNCIL FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.    EMPLOYERS NOT PAYING THE "CURRENT AMOUNT "TO THE PIPING EDUCATION COUNCIL FUND.    EMPLOYERS NOT PAYI	WAGE REDUCTION (B)		HOURS TOTAL (C ) \$				
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SOLITION   ST.10   EDUCATION COUNCIL FUND.	FRINGE BENEFITS						CTLY TO THE PIPING
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B FUND \$0.50 E.T. FUND \$0.40 TIREE & WIDOW FUND \$0.10 "IL TRAINING FUND \$0.35 IFUND \$0.00 TAL \$22.03  BATE RECEIVED:  ADDRESS:  CITY: ST: ZIP:  CHECK NUMBER:  TELEPHONE: CHECK FOR MORE FORMS	FINED CONTRIB FUND	\$2.25	DATE DECENTED.	EMPLOYER	K:		
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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.

PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

#### **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS APPRENTICE 1ST-10TH SEC 100** 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. ΤΩΤΔΙ WAGE REDUCTION PLAN HOURS STRAIGHT TIME NOT TO EXCEED SOCIAL SECURITY NUMBER **EMPLOYEE NAME** 40 HOURS PER WEEK WORKED RATE AMOUNT (C) HOURS (B) (A) **TOTAL** = \$ \_\_\_\_\_ X \$16.38 PER HOUR TOTAL HOURS (A) MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 \_\_\_ HOURS WAGE REDUCTION (B) TOTAL (C) \$ \_\_\_\_\_ PO BOX 675430 **DETROIT, MI 48267-5430** 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. 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 FRINGE BENEFITS IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING PENSION FUND \$7.10 INSURANCE FUND \$6.50 ADMINISTRATIVE USE ONLY DUES FUND \$0.38 EMPLOYER: DEF. CONTRIB FUND \$0.95 DATE RECEIVED: SUB FUND \$0.50 ADDRESS: P.I.E.T. FUND \$0.40 DEPOSIT DATE: \_\_\_\_ RETIREE & WIDOW FUND \$0.10 ST: ZIP: \_\_\_ INT'L TRAINING FUND \$0.10 CHECK NUMBER:\_\_\_ PIPING ED COUNCIL FUND \$0.35 TELEPHONE: CHECK FOR MORE FORMS CHECK AMOUNT: — TOTAL \$16.38 ENTERED BY: \_ DATE: \_ SIGNATURE: \_ 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.

Rev Date:

6/3/2024

PO BOX 278 TROY, MI 48099-0278

#### PHONE: (248) 641-4936 **TOLL FREE: (888) 646-8920 EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS MECHANICAL EQUIPMENT SERVICEMAN SEC 140** 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. TOTAL WAGE REDUCTION PLAN HOURS STRAIGHT TIME NOT TO EXCEED SOCIAL SECURITY NUMBER **EMPLOYEE NAME** WORKED 40 HOURS PER WEEK HOURS (B) AMOUNT (C) RATE (A) **TOTAL** = \$ \_\_\_\_\_ **TOTAL HOURS (A)** X \$13.63 PER HOUR MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 WAGE REDUCTION (B) HOURS TOTAL (C) \$ \_\_\_\_\_ PO BOX 675430 **DETROIT, MI 48267-5430 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. 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 FRINGE BENEFITS INSURANCE FUND \$7.73 EDUCATION COUNCIL DUES FUND \$0.78 ADMINISTRATIVE USE ONLY DEF. CONTRIB FUND \$3.00 EMPLOYER: SUB FUND \$1.00 DATE RECEIVED: P.I.F.T.FUND \$0.40 ADDRESS: INT'L TRAINING FUND \$0.10 DEPOSIT DATE: \_\_ PIPING ED COUNCIL FUND \$0.52 CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_ I.A.R.F FUND \$0.10 CHECK NUMBER:\_\_\_ TELEPHONE: CHECK FOR TOTAL \$13.63 MORE FORMS CHECK AMOUNT: -ENTERED BY: \_ SIGNATURE: \_ 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.

Rev Date 6/3/2024

PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

### **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS**

		APPRENTICE APP	PLICANT	Γ/MET		SEC 199
МО	NTH:	FROM:		TO: —		<u> </u>
FOLLOWING THE MONT BUSINESS DAYS AFTER	H IN WHICH TH THE WEEK EN	RECEIVED BY THE PIPEFITTERS LOCA IE HOURS WERE WORKED. FOR WEEK DING SUBMIT DATE. REMITTANCE IS B. B BASED ON STRAIGHT TIME HOURS NO	LY EMPLO ASED ON A	YERS FUNDS AR ALL ACTUAL HOU	E DUE NO	LATER THAN <b>SEVEN (7)</b> KED. WAGE REDUCTION
SOCIAL SECURITY NUM	BER	EMPLOYEE NAME	TOTAL HOURS WORKED	s	RAIGHT TIM	DUCTION PLAN IE NOT TO EXCEED IS PER WEEK
			(A)	HOURS (B)	RATE	AMOUNT (C)
		TOTAL				
TOTAL HOURS (A)		_X \$9.38PER HOUR = \$				TO: PIPEFITTERS LOCAL 636
WAGE REDUCTION (B)		HOURS TOTAL (C ) \$		MAIL		FITTERS LOCAL 636 DX 675430
		* TOTAL THIS REPORT \$			DETROIT,	MI 48267-5430
		E OR CALCULATED INCORRECTLY WILL RESULT II OF THE REMITTANCE AMOUNT BUT NOT LESS TH.		ED DAMAGES CHARG	E WHICH WII	LL BE ADDED TO THE REMITTANCE
AWOUNT. THE ENGINATED DAWAGE	S CHARGE IS 10 %	EMPLOYERS NOT PAYING THE "CURRENT AMO		PIPING EDI ICATION (	COUNCIL MUS	ST ALLOCATE THIS AMOUNT TO THE
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DUES FUND	\$0.78	IF THIS INFORMATION IS NOT COMPLETED, THE EDUCATION COUNCIL.	E FUND OFFIC	E WILL ALLOCATE TH	IIS AMOUNT	DIRECTLY TO THE PIPING
DEF. CONTRIB FUND*	\$1.00					
P.I.E.T.FUND	\$0.50	ADMINISTRATIVE USE ONLY				
INT'L TRAINING FUND	\$0.10		EMPLOYE	:R:		
PIPING ED COUNCIL FUND	\$0.40	DATE RECEIVED:	4			
IAR FUND	\$0.10	DEPOSIT DATE:	ADDRESS	···		
			CITY:		s	T: ZIP:
TOTAL	\$9.38	CHECK NUMBER:	_			
* DURING THE INITIAL PROBATIONAL	RY PERIOD OF 90		TELEPHO	NE:		CHECK FOR
DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS,		CHECK AMOUNT:	4			MORE FORMS
CONTRIBUTIONS TO THE DC BEGINS	•	ENTERED BY:				
			SIGNATU			DATE:
		RIBUTIONS ON AN ALTERNATE FORM MUST BE AP				
JURISDICTION OF THE PIPEFITTERS CURRENT COLLECTIVE BARGAINING	LOCAL 636 FOR TH GAGREEMENT BET\	RMATION CONTAINED IN THIS REPORT IS A FULL A E PERIOD INDICATED. BY FILING THIS REPORT, TI WEEN THE PIPEFITTERS LOCAL 636 AND THE MEC IFICALLY INCLUDING PROVISIONS RELATING TO TI	HE ABOVE NA HANICAL CO	AMED EMPLOYER AGE NTRACTORS ASSOCIA	REES TO BE I	BOUND BY ALL THE TERMS OF THE

Rev Date:

6/3/2024

**PO BOX 278** 

TROY, MI 48099-0278 PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920 THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE. DO NOT USE FOR JOURNEYMEN OR APPRENTICES **WORKING PRINCIPAL** From: **SEC 170** Month: \*\*THESE CONTRIBUTIONS SHALL BE MADE FOR ALL HOURS WORKED UNDER THIS AGREEMENT, AND IN NO CASE FOR LESS THAN THIRTY-TWO (32) HOURS A WEEK WITH THE EXCEPTION THAT THE WORKING PRINCIPAL SHALL NOT BE REQUIRED TO MAKE CONTRIBUTIONS FOR ANY WEEK DURING WHICH HE DID NOT PERSONALLY PERFORM ANY BARGAINING UNIT WORK, UP TO A MAXIMUM OF FOUR (4) WEEKS PER CONTRACT YEAR (JUNE 1 -MAY 31), PROVIDED THAT HE HAS SUBMITTED EVIDENCE IN SUPPORT OF SUCH CLAIM TO BOTH THE UNION AND THE TRUSTEES OF THE APPLICABLE FUNDS, AND FURTHER PROVIDED THAT THE EVIDENCE SUBMITTED IS DEEMED BY BOTH THE UNION AND THE TRUSTEES IN THEIR SOLE DISCRETION TO BE SATISFACTORY TO SUPPORT THE WORKING PRINCIPAL'S CLAIM THAT BARGAINING UNIT WORK WAS NOT PERFORMED DURING THE WEEK(S) IN QUESTION. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. SOCIAL SECURITY NUMBER **EMPLOYEE'S NAME END OF LAST PAY PERIOD TOTAL HOURS WORKED FRINGE BENEFITS** OPTIONAL\*\*\* OPTIONAL\*\*\* **OPTIONAL INSURANCE \*\*\*** MANDATORY WAGE REDUCTION PLAN **DEFINED CONTRIBUTION** DB PENSION FUND \$16.50 PLEASE REFER TO CURRENT WAGE PLEASE REFER TO CURRENT WAGE TOTAL HOURS WORKED X RATE = AMOUNT DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN DUES FUND \$1.71 INSURANCE RATE = \$13.75 PER HOUR ANNUAL BASIS AS LISTED ON BACK SIDE OF ANNUAL BASIS AS LISTED ON BACK SIDE OF P.I.E.T.FUND \$1.10 FORM **FORM** INT'L TRAINING FUND \$0.10 PIPING ED COUNCIL FUND HOURS RATE \$13.75 \$0.52 I.A.R.FUND \$0.90 \$ \$ TOTAL \$20.83 **ENTER AMOUNT ENTER AMOUNT ENTER AMOUNT** \*\*\*\*\* SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\* MAKE CHECK PAYABLE TO: WAGE REDUCTION OPTION AMT **PIPEFITTERS LOCAL 636** D/C PENSION FUND OPTION AMOUNT P.O. BOX 675430 **DETROIT, MI 48267-5430** INSURANCE PLAN OPTION AMOUNT TOTAL THIS REPORT 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 BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. \*\* SEE REVERSE SIDE ADMINISTRATIVE USE ONLY EMPLOYER: DATE RECEIVED: ADDRESS: DEPOSIT DATE: CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP:\_\_\_ CHECK NUMBER: CHECK BOX FOR MORE FORMS TELEPHONE: CHECK AMOUNT: ENTERED BY: 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

CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT FOR THOSE WORKING PRINCIPLES EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE TERMS OF

THE COLLECTIVE BARGAINING AGREEMENT. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT. BETWEEN PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

SUBMISSIONS OF CONTRIBUTIONS ON ALTERNATE FORMS MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE