

# PIPEFITTERS LOCAL 636

PO BOX 278  
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**JOURNEYPEPERSON**

SEC 110

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)
<b>TOTAL</b>					

TOTAL HOURS (A) _____ X 39.08 per hour = \$ _____ WAGE REDUCTION (B) _____ HOURS      TOTAL (C) \$ _____ TOTAL THIS REPORT \$ _____	<b>WE HAVE CHANGED BANKS</b> MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 PIPEFITTERS LOCAL 636 PO BOX 675430 DETROIT, MI 48267-5430
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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.**

FRINGE BENEFITS	
PENSION FUND	\$16.50
INSURANCE FUND - ACTIVE	\$10.85
INSURANCE FUND - RETIREE	\$3.65
DUES FUND	\$1.71
DEFINED CONTRIB FUND	\$2.25
SUB FUND	\$0.70
P.I.E.T. FUND	\$1.10
RETIREE & WIDOW FUND	\$0.80
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.52
IAR FUND	\$0.90
<b>TOTAL</b>	<b>\$39.08</b>

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND 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 FUND.

ADMINISTRATIVE USE ONLY	EMPLOYER:
DATE RECEIVED: _____	_____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____
ENTERED BY: _____	SIGNATURE: _____ DATE: _____

CHECK FOR MORE FORMS \_\_\_\_\_

**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.

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PHONE: (248) 641-4936

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## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### GRADUATE SERVICE JOURNEYMAN I

SEC 109

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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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)
<b>TOTAL</b>					

TOTAL HOURS (A)	_____ X \$22.03 PER HOUR	= \$ _____	
WAGE REDUCTION (B)	_____ HOURS	TOTAL (C) \$ _____	
TOTAL THIS REPORT \$ _____			

MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636  
MAIL TO: PIPEFITTERS LOCAL 636  
PO BOX 675430  
DETROIT, MI 48267-5430

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	
PENSION FUND	\$7.10
INSURANCE FUND - ACTIVE	\$10.85
INSURANCE FUND - RETIREE	\$0.00
DUES FUND	\$0.38
DEFINED CONTRIB FUND	\$2.25
SUB FUND	\$0.50
P.I.E.T. FUND	\$0.40
RETIREE & WIDOW FUND	\$0.10
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.35
IAR FUND	\$0.00
<b>TOTAL</b>	<b>\$22.03</b>

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND 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 FUND.

ADMINISTRATIVE USE ONLY	EMPLOYER:
DATE RECEIVED: _____	_____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____
ENTERED BY: _____	SIGNATURE: _____ DATE: _____

CHECK FOR MORE FORMS \_\_\_\_\_

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## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### MECHANICAL EQUIPMENT SERVICEMAN

SEC 140

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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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)
<b>TOTAL</b>					

TOTAL HOURS (A) _____ X \$13.63 PER HOUR = \$ _____ WAGE REDUCTION (B) _____ HOURS      TOTAL (C) \$ _____ TOTAL THIS REPORT \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 675430 DETROIT, MI 48267-5430
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">FRINGE BENEFITS</th> </tr> </thead> <tbody> <tr><td>INSURANCE FUND</td><td style="text-align: right;">\$7.73</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;">\$3.00</td></tr> <tr><td>SUB FUND</td><td style="text-align: right;">\$1.00</td></tr> <tr><td>P.I.E.T.FUND</td><td style="text-align: right;">\$0.40</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;">\$0.52</td></tr> <tr><td>I.A.R.F FUND</td><td style="text-align: right;">\$0.10</td></tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right;"><b>\$13.63</b></td> </tr> </tbody> </table>	FRINGE BENEFITS		INSURANCE FUND	\$7.73	DUES FUND	\$0.78	DEF. CONTRIB FUND	\$3.00	SUB FUND	\$1.00	P.I.E.T.FUND	\$0.40	INT'L TRAINING FUND	\$0.10	PIPING ED COUNCIL FUND	\$0.52	I.A.R.F FUND	\$0.10	<b>TOTAL</b>	<b>\$13.63</b>	EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ <b>TRAINING FUND</b> IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.	
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<b>ADMINISTRATIVE USE ONLY</b>																						
DATE RECEIVED: _____	EMPLOYER: _____																					
DEPOSIT DATE: _____	ADDRESS: _____																					
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____																					
CHECK AMOUNT: _____	TELEPHONE: _____	CHECK FOR MORE FORMS _____																				
ENTERED BY: _____	SIGNATURE: _____ DATE: _____																					

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE**

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## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

APPRENTICE APPLICANT / MET

SEC 199

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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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)
<b>TOTAL</b>					

TOTAL HOURS (A) \_\_\_\_\_ X \$9.38PER HOUR = \$ \_\_\_\_\_

WAGE REDUCTION (B) \_\_\_\_\_ HOURS TOTAL (C) \$ \_\_\_\_\_

\* TOTAL THIS REPORT \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636  
MAIL TO: PIPEFITTERS LOCAL 636  
PO BOX 675430  
DETROIT, MI 48267-5430

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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
<b>TOTAL</b>	<b>\$9.38</b>

\* DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGINS.

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.

ADMINISTRATIVE USE ONLY	EMPLOYER:
DATE RECEIVED: _____	ADDRESS: _____
DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____	TELEPHONE: _____
CHECK AMOUNT: _____	SIGNATURE: _____ DATE: _____
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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

Month: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

SEC 170

**\*\*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

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND \$16.50	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	TOTAL HOURS WORKED X RATE = AMOUNT
DUES FUND \$1.71			INSURANCE RATE = \$13.75 PER HOUR
P.I.E.T.FUND \$1.10			HOURS _____ RATE _____ \$13.75
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.52			
I.A.R.FUND \$0.90			
<b>TOTAL \$20.83</b>	<b>ENTER AMOUNT</b>	<b>ENTER AMOUNT</b>	<b>ENTER AMOUNT</b>

\*\*\*\*\* SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\*

TOTAL HOURS _____ X \$20.83 = \$ _____ WAGE REDUCTION OPTION AMT \$ _____ D/C PENSION FUND OPTION AMOUNT \$ _____ INSURANCE PLAN OPTION AMOUNT \$ _____ <b>TOTAL THIS REPORT \$ _____</b>	<b>MAKE CHECK PAYABLE TO:</b>  <b>PIPEFITTERS LOCAL 636</b> <b>P.O. BOX 675430</b> <b>DETROIT, MI 48267-5430</b>
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ADMINISTRATIVE USE ONLY	EMPLOYER:
DATE RECEIVED: _____	_____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____ <input type="checkbox"/> CHECK BOX FOR MORE FORMS
ENTERED BY: _____	_____ <input type="checkbox"/> CHECK BOX IF FINAL REPORT
	SIGNATURE: _____ DATE: _____

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I 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

Rev Date: | 6/3/2024