

PIPEFITTERS LOCAL 636

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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 = \$10.85 PER HOUR
P.I.E.T.FUND \$1.10			HOURS _____ RATE _____ \$10.85
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$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 *****

<table style="width: 100%;"> <tr> <td>TOTAL HOURS _____ X \$20.83</td> <td>= \$ _____</td> </tr> <tr> <td>WAGE REDUCTION OPTION AMT</td> <td>\$ _____</td> </tr> <tr> <td>D/C PENSION FUND OPTION AMOUNT</td> <td>\$ _____</td> </tr> <tr> <td>INSURANCE PLAN OPTION AMOUNT</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL THIS REPORT</td> <td>\$ _____</td> </tr> </table>	TOTAL HOURS _____ X \$20.83	= \$ _____	WAGE REDUCTION OPTION AMT	\$ _____	D/C PENSION FUND OPTION AMOUNT	\$ _____	INSURANCE PLAN OPTION AMOUNT	\$ _____	TOTAL THIS REPORT	\$ _____	<p>MAKE CHECK PAYABLE TO:</p> <p>PIPEFITTERS LOCAL 636 P.O. BOX 675430 DETROIT, MI 48267-5430</p>
TOTAL HOURS _____ X \$20.83	= \$ _____										
WAGE REDUCTION OPTION AMT	\$ _____										
D/C PENSION FUND OPTION AMOUNT	\$ _____										
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: _____	_____
DEPOSIT DATE: _____	ADDRESS: _____
CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____
CHECK AMOUNT: _____	TELEPHONE: _____
ENTERED BY: _____	SIGNATURE: _____ DATE: _____

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.

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