**PO BOX 159** TROY, MI 48099-0159

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

**EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 1ST YEAR APPRENTICE (Consists of 1st and 2nd Academic Periods) **SEC 102** MONTH: FROM: TO: LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - 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 EXPLAINED IN THE LANGUAGE ABOVE.

								Total		WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED					
										Hours	Total		40 H	OURS PER	WEEK
SOCIAL SECURITY NU	IMBER		EMPL O	YEE NA	ME		Straight Time	Over Time	Double Time	Worked (A)	Hours Reported	Straight Time (B)	Rate		AMOUNT (C)
					··· <b>-</b>					(,,	rtoportou	- ( )	71410		
					TO	TA1									
						TAL									
TOTAL HOURS (A)			X \$13.11		\$				MAI	VE CUE	L DAVAD	E TO: D	LIMPE	961004	.1 00
WAGE REDUCTION (B)			HOURS	т	OTAL (C ) \$		MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98  MAIL TO: PLUMBERS LOCAL 98								.L 90
			т.									BOX 6754			
					REPORT \$						DETROI				
SPECIAL NOTE: FAILURE TO FIL THE LIQUIDATED DAMAGES CHA	.E THIS RE ARGE IS 10	PORT ON TIME OF MORE THE REMITED TO THE PROPERTY OF THE PROPE	R CALCULATED ITANCE AMOUN	INCORREC T BUT NOT	TLY WILL RESULT IN LESS THAN \$15.00.	n a liqu	JIDATED D	AMAGES (	CHARGE W	/HICH WIL	L BE ADDED	TO THE F	REMITTAN	CE AMOU	NT.
					THE <b>\$.50</b> TO THE P		DUCATION	NAL COUN	CIL FUND I	MUST ALL	OCATE THE	\$.50 TO TH	HE TRAINI	ING FUND	
		ī	PLEASE CHEC	K HERE IF	APPLICABLE:		<b>TRAINI</b>	NG FUN	ID						
FRINGE BENEFITS	;		IF THIS INFOR	MATION IS I	NOT COMPLETED, TI	HE FUN	D OFFICE	WILL ALLC	CATE THE	= <u>\$.50</u> DIR	ECTLY TO TI	HE PIPING	EDUCATI	ONAL CO	JNCIL.
DB PENSION FUND	\$4.83														
INSURANCE FUND	\$5.65														
SUB FUND	\$0.10		ADI	MINISTRAT	IVE USE ONLY		EMPLOY	ER:							
WORKING DUES FUND	\$0.82		DATE RECE	IVED:											
GENERAL DUES	\$0.15			_			ADDRES	S:							
TRAINING FUND	\$0.43		DEPOSIT DA	ATE:											
INT'L TR FUND	\$0.05						CITY:							ST:	ZIP:
PIP EDU COUNCIL FUND	\$0.58		CHECK NUM	IBER:											
DC PENSION FUND	\$0.50						TELEPHO	ONE:							CHECK FOR
IARF FUND	\$0.00		CHECK AMO	OUNT:											MORE FORMS
TOTAL	\$13.11		ENTERED B	Y: -			SIGNATI	IDE:						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 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 TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: 6/2/25

ALTERNATE FORM MUST BE APPROVED BY THE JAC

**PO BOX 159** TROY, MI 48099-0159

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

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

		2ND YE	AR APPRENTI	CE (Consists of	3rd an	d 4th	Acade	mic P	eriod	s)			SEC 103
М	ONTH:			FROM:		TO: -							
LIGHT COMM	ERCIAL	- CONTRI	BUTIONS TO FR	INGE BENEFIT FU	NDS SH	IALL B	E PAID	FOR	ALL H	OURS	WORK	ED ON	LIGHT
				COMMERCIAL									
RESIDENTIAL, S	ERVIC	E AND REP	<u>AIR</u> - CONTRIBU	ITIONS TO FRINGE	BENE	FIT FU	NDS S	HALL I	BE PAI	D FOR	THE F	IRST 40	HOURS
WORKED EACH W				PERFORMED AT TI								FRINGE	BENEFII
	<u> </u>	CONTRIBU	HONS ARE OWE	D ON HOURS WO	KKEDI	N EXC	ESS U	40 IIV	ANT	VEEN.			
THIS REPORT WITH PAY	THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.												
								Total	Total	s		O EXCEED	
			EMPLOYEE NAME		04 1 1		D. 11.	Hours	Hours		40 HC	OURS PER W	/EEK
OCIAL SECURITY NU	JMBER		EMPLOYEE N	AME	Straight Time	Over Time	Double Time	Worked (A)	Reporte d	Straight Time (B)	Rate	AM	IOUNT (C)
												<del>                                     </del>	
												<del></del>	
												<u> </u>	
				TOTAL									
OTAL HOURS (A)			X \$15.03	\$			MAK	E CHEC	K PAYAB	SLE TO: F	LUMBE	RS LOCAL	. 98
.,, -				TOTAL (0.) A				MA			S LOCAL	L <b>9</b> 8	
/AGE REDUCTION (B)	_		HOURS	TOTAL (C ) \$						BOX 675 IT, MI 482			
			TOTAL THI	S REPORT \$									
PECIAL NOTE: FAILURE TO F					QUIDATED	DAMAGES	S CHARGE	WHICH W	ILL BE AD	DED TO TI	HE REMIT	TANCE AMO	UNT.
HE LIQUIDATED DAMAGES CI	HANGE IS	10 % OF THE KEIV			DUCATION	IAL COLIN	CII FUND I	ALICT ALL	OCATE TU	IF ¢ 50 TO	THE TOAL	NING FUND	
				NG THE \$.50 TO THE PIPING I F APPLICABLE:	TRAINI			WUST ALL	OCATE IN	1E \$.50 TO	THE TRAIL	NING FUND.	
FRINGE BENEFITS	S		IF THIS INFORMATION IS	S NOT COMPLETED, THE FUN	ND OFFICE	WILL ALLC	OCATE THE	\$.50 DIRI	ECTLY TO	THE PIPIN	IG EDUCA	TIONAL COL	JNCIL.
B PENSION FUND	\$6.50												
ISURANCE FUND	\$5.90												
UB FUND	\$0.10		ADMINISTRA	ATIVE USE ONLY	EMPLOY	ER:							
ORKING DUES FUND	\$0.82		DATE RECEIVED:		ļ	_							
ENERAL DUES RAINING FUND	\$0.15 \$0.43				ADDRES	s:							
IT'L TR FUND	\$0.43		DEPOSIT DATE:		OITY							0.7.	71D.
IP EDU COUNCIL FUND	\$0.58		CHECK NIIMBED:		CITY:							ST:	ZIP:
C PENSION FUND	\$0.50		CHECK NUMBER:		TELEPHO	ONE:						_	HECK FOR
ARF FUND	\$0.00		CHECK AMOUNT:										ORE FORMS
OTAL	\$15.03												
			ENTERED BY:		SIGNATU	IRE:						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 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 TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS.

SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS. 6/2/25

EFF Date:

**PO BOX 159** TROY, MI 48099-0159

**SEC 104** 

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

# **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS** 3RD YEAR APPRENTICE (Consists of 5th and 6th Academic Periods)

MONTH: FROM: TO: LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT **COMMERCIAL WORK.** 

RESIDENTIAL, SERVICE AND REPAIR - 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.

						Total Hours	Total Hours	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK				
SOCIAL SECURITY NUMB	SFR	EMPLOYEE N	NAME	Straight Time	Over Time	Double Time	Worked (A)	Reporte	Straight Time (B)	Rate	AMOUNT (C	
			<u> </u>				(* 4)		, ,	71410	7	
				_								
			TOTA	L								
TAL HOURS (A)		x \$15.08	\$			MAK					RS LOCAL 98	
AGE REDUCTION (B)		HOURS	TOTAL (C ) \$				MA		LUMBER BOX 675		. 98	
									IT, MI 482			
		TOTAL TI	HIS REPORT \$									
ECIAL NOTE: FAILURE TO FILE THE LIQUIDATED DAMAGES CHARGE	IIS REPORT ON TIME	ME OR CALCULATED INCORR	ECTLY WILL RESULT IN A L	IQUIDATED D	AMAGES (	CHARGE W	HICH WILI	BE ADDE	D TO THE	REMITTAN	ICE AMOUNT.	
L LIQUIDATED DAMAGES CHARGE	10 10 % OF THE P		'ING THE \$.50 TO THE PIPIN	C EDUCATION	IAL COUN	CII FLIND	MUCT ALL	OCATE TI	IE & 50 TO	THE TOAIN	IING FLIND	
			IF APPLICABLE:				WIUS I ALL	OCATE IF	IE \$.50 TO	THE TRAIN	NING FUND.	
FRINGE BENEFITS		IF THIS INFORMATION	IS NOT COMPLETED, THE F	UND OFFICE	WILL ALLO	OCATE THI	E \$.50 DIRI	ECTLY TO	THE PIPIN	G EDUCAT	TIONAL COUNCIL.	
PENSION FUND	\$6.50											
SURANCE FUND	\$5.95											
IB FUND	\$0.10	ADMINISTE	RATIVE USE ONLY	EMPLOY	ER:							
	\$0.82	DATE RECEIVED:			_							
	\$0.15			ADDRES	S:							
	\$0.43	DEPOSIT DATE:		_								
	\$0.05 \$0.59			CITY:							ST:ZIP:	
	\$0.58 \$0.50	CHECK NUMBER:		_								
	\$0.50 \$0.00			TELEPH	ONE:						CHECK FO	
	15.08	CHECK AMOUNT:									WORE FOR	
		ENTERED BY:		SIGNATU							_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 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 TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: 6/2/25

PO BOX 159 TROY, MI 48099-0159

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

# EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

4TH YEAR APPRENTICE (Consists of 7th and 8th Academic Periods) SEC 105												
MONTH: FROM: TO:												
<u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT												
COMMERCIAL WORK.												
RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS												
WORKED EACH WEEK V									i. NO F	FRING	E BENEFIT	
	CONTRIBUTIONS ARE C	WED ON HOURS WOR	RKED II	N EXCE	SS OF	40 IN	ANY V	VEEK.				
THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.												
WAGE REDUCTI												
						Total Hours	Total Hours	s	TRAIGHT	O HOURS PER WEEK		
SOCIAL SECURITY NUMBER	EMPLOYI	FF NAMF	Straight Time	Over Time	Double Time	Worked (A)	Reporte d	Straight Time (B)	Rate	Δ	MOUNT (C)	
GOGIAL GEGORITT NOMBER	Limi Eo i	LE IVAIILE	Time	Tille	Time	(^)	u	(2)	Nate		awooler (o)	
										<u> </u>		
		TOTAL										
TOTAL HOURS (A)	x \$15.13	\$			MAK	E CHEC	K PAYAE	BLE TO: F	LUMBE	RS LOCA	L 98	
WASE DEDUCTION (D)	House	TOTAL (0.) A				MA		LUMBER		L 98		
WAGE REDUCTION (B)	HOURS	TOTAL (C ) \$						BOX 675 IT, MI 482				
	TOTA	AL THIS REPORT \$										
SPECIAL NOTE: FAILURE TO FILE THIS RE THE LIQUIDATED DAMAGES CHARGE IS 1			JIDATED D	AMAGES C	HARGE W	HICH WIL	L BE ADDE	D TO THE	REMITTA	NCE AMOL	JNT.	
	EMPLOYERS NOT	PAYING THE \$.50 TO THE PIPING E	DUCATION	NAL COUN	CIL FUND	MUST ALL	OCATE TH	IE \$.50 TO	THE TRAI	NING FUNI	D.	
		HERE IF APPLICABLE:	TRAIN									
FRINGE BENEFITS	IF THIS INFORMA	TION IS NOT COMPLETED, THE FUN	ND OFFICE	WILL ALLO	OCATE THI	E \$.50 DIR	ECTLY TO	THE PIPIN	iG EDUCA	TIONAL CO	DUNCIL.	
DB PENSION FUND \$6.50												
INSURANCE FUND \$6.00												
SUB FUND \$0.10	ADMIN	IISTRATIVE USE ONLY	EMPLOY	ER:								
WORKING DUES FUND \$0.82	DATE RECEIVE	ED:		_								
GENERAL DUES FUND \$0.15			ADDRES	S:								
TRAINING FUND \$0.43	DEPOSIT DATE	: <u> </u>										
INT'L TR FUND \$0.05			CITY:							ST:	_ZIP:	
PIP EDU COUNCIL FUND \$0.58 DC PENSION FUND \$0.50	CHECK NUMB	ER:								Γ		
IARF FUND \$0.00		AIT.	TELEPH	ONE:							CHECK FOR MORE FORMS —	
TOTAL \$15.13	- CHECK AWOU	N1:								Ľ		
	ENTERED BY:		SIGNATU	JRE:						DATE:		
ALTERNATE FORM MUST BE APPROVED	BY THE JAC											

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Effective I 6/2/25

PO BOX 159 TROY, MI 48099-0159

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

		EN	VIPLOYER'S F	REPORT OF HOU	JRS ANI	CON	ITRIB	UTION	IS						
	5TH	YEAR AP	PRENTICE (C	onsists of 9th ar	nd 10th	Acade	mic P	eriod	s)				SEC 106		
МС	ONTH:			FROM:		TO: -									
	RVICE EEK WI	AND REPA	<u>AIR</u> - CONTRIBL JCH WORK IS I	RINGE BENEFIT FU COMMERCIAL UTIONS TO FRING PERFORMED AT T ED ON HOURS WO	L WORK. E BENEF 'HE STR <i>i</i>	IT FUN	NDS SH	HALL E	BE PAII	D FOR E RATE	THE FI	IRST 4	0 HOURS		
THIS REPORT WITH PAYME				S LOCAL 98 TRUST FUNI E IS BASED ON THE TYP								E MONT	H IN WHICH THE		
								Total Hours	Total Hours	WAGE REDUCTION F STRAIGHT TIME NOT TO 40 HOURS PER WEI			TO EXCEED		
SOCIAL SECURITY NUM	MBER		EMPLOYEE N	NAME	Straight Time	Over Time		Worked (A)	Reporte d	Straight Time (B)	Rate	Δ	AMOUNT (C)		
			_												
				TOTA	L										
OTAL HOURS (A) WAGE REDUCTION (B)			x \$15.78 HOURS	\$  TOTAL (C ) \$  HIS REPORT \$			MAK		HECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434						
PECIAL NOTE: FAILURE TO FILE	THIS REP	ORT ON TIME OR	CALCULATED INCORR	RECTLY WILL RESULT IN A LIC	QUIDATED DA	MAGES CH	HARGE WI	HICH WILL	BE ADDE	D TO THE	REMITTAN	ICE AMOU	JNT.		
HE LIQUIDATED DAMAGES CHAP	RGE IS 10 S	% OF THE REMITT	EMPLOYERS NOT PAY	YING THE \$.50 TO THE PIPING	TRAINII	NG FUN	D								
FRINGE BENEFITS			IF THIS INFORMATION	IS NOT COMPLETED, THE F	UND OFFICE	WILL ALLC	CATE THE	E \$.50 DIRE	ECTLY TO	THE PIPIN	G EDUCAT	FIONAL CO	OUNCIL.		
OB PENSION FUND  NSURANCE FUND	\$6.50 \$6.25		ADMINIST	RATIVE USE ONLY											
SUB FUND VORKING DUES FUND 'RAINING FUND	\$0.50 \$0.82 \$0.43		DATE RECEIVED:	TATIVE USE CITE	EMPLOY ADDRES										
GENERAL DUES NT'L TR FUND	\$0.15 \$0.05		DEPOSIT DATE:		CITY:	s: <u> </u>						ST:	_ZIP:		
PIP EDU COUNCIL FUND DC PENSION FUND ARF FUND	\$0.58 \$0.50 \$0.00		CHECK NUMBER: CHECK AMOUNT:		TELEPHO	ONE:							CHECK FOR MORE FORMS —		

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC

SIGNATURE:

DATE:

ENTERED BY:

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 TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.