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											
GRADUATE SERVICE JOURNEYMAN I									SEC 109		
MC	ONTH:			FROM:		TO: —					
THIS REPORT WITH PAYM FOLLOWING THE MONTI BUSINESS DAYS AFTER F	H IN WH	ICH THE HO	URS WERE WO SUBMIT DATE.	RKED. FOR WEEK	LY EMPLOY ASED ON A	'ERS FUNDS AF LL ACTUAL HOU	RE DUE NO L JRS WORKE	_ATER T	HAN SEVEN (7)		
SOCIAL SECURITY NUMBER			EMPLOYEE NAME			s	<u>_an</u> XCEED K				
					WORKED (A)	HOURS (B)	RATE	Α	MOUNT (C)		
							 				
				TOTA	_						
TOTAL HOURS (A)		X \$2	3.61 PER HOUR	= \$		MAKE CHEC	K PAYABLE T	O: PIPEFI	TTERS LOCAL 636		
WACE DEDUCTION (D)			OUDS	TOTAL (C.) ¢	_	MA	IL TO: PIPEFI		CAL 636		
WAGE REDUCTION (B)		н	OURS	TOTAL (C) \$	-		DETROIT, N	X 675430 11 48267-5	430		
			TOTAL THI	S REPORT \$	_						
SPECIAL NOTE: FAILURE TO FILE TH						ED DAMAGES CHAR	GE WHICH WIL	L BE ADDE	D TO THE REMITTANCE		
AMOUNT. THE LIQUIDATED DAMAGE	S CHARGE										
FRINGE BENEFITS				'ING THE "CURRENT AM UND. PLEASE CHECK H			I COUNCIL FUN AINING FUND	ID MUST AI	LOCATE THIS AMOUNT		
PENSION FUND	\$7.10		THIS INFORMATION DUCATION COUNCIL	IS NOT COMPLETED, THE	HE FUND OFFIC	CE WILL ALLOCATE	THIS AMOUNT	DIRECTLY	TO THE PIPING		
INSURANCE FUND - ACTIVE			JOON THOM GOOM OIL	1 0115.							
INSURANCE FUND - RETIREE	\$12.35 \$0.00	-									
DUES FUND	\$0.00	H	ADMINISTRA	TIVE USE ONLY	1						
DEFINED CONTRIB FUND	\$2.25				EMPLOYE	R:					
SUB FUND	\$0.50	D	ATE RECEIVED:_		┥						
P.I.E.T. FUND	\$0.40		EDOCIT DATE.		ADDRESS	:					
RETIREE & WIDOW FUND	\$0.10	ا	EPOSIT DATE: _		CITY:		ST		ZIP:		
INT'L TRAINING FUND	\$0.10	C	HECK NUMBER:		Cirr.		31	·	_ ZIF		
PIPING ED COUNCIL FUND	\$0.43	ľ	TIEOR NOMBER		TELEPHO	NE:			CHECK FOR		
IAR FUND	\$0.00	c	HECK AMOUNT:-						MORE FORMS		
TOTAL	\$23.61		NTEDED BY:								
SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE											
SUBMI									EOD VOLUMBER 7:15		
BY SIGNING THIS FORM, YOU CERTIF	TIMALIF	ı⊏ INFUKMATİC	'IN CONTAINED IN TH	IIO KEPUKT IS A FULL A	ND ACCURATE	STATEMENT OF AL	L EMPLOYEES	WUKKING	FUK YUU UNDER THE		

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.

Revised Date: 06/02/25

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										
			GRADUATE	SERVICE JOU	JRNEYN	IAN II			SEC 109	
МО	NTH:			FROM:		TO: —		_		
THIS REPORT WITH PAYME FOLLOWING THE MONTH BUSINESS DAYS AFTER T RE	IN WH	ICH THE HO	URS WERE WOF SUBMIT DATE. F	RKED. FOR WEEKL	Y EMPLOY	'ERS FUNDS AR LL ACTUAL HOU	RE DUE NO JRS WORKE	LATER TH ED. WAG	HAN SEVEN (7)	I
SOCIAL SECURITY NUMBER			EMPLOYEE NAME			WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK			CEED	
					(A)	HOURS (B)	RATE	Al	MOUNT (C)	
				TOTAL						
				TOTAL						
TOTAL HOURS (A)		<u>x</u> \$2	3.61 PER HOUR	= \$					TERS LOCAL 636	
WAGE REDUCTION (B)		Н	OURS T	OTAL (C) \$		MA	IL TO: PIPEFI PO BO	X 675430	JAL 636	
,							DETROIT, I	√II 48267-54	30	
			TOTAL THIS	S REPORT \$						
SPECIAL NOTE: FAILURE TO FILE THIS AMOUNT. THE LIQUIDATED DAMAGES						ED DAMAGES CHAR	GE WHICH WIL	L BE ADDE	TO THE REMITTAN	CE
ANOUNT. THE ENGINEERS PANIAGES	OHAROL			NG THE "CURRENT AMC		PIPING EDUCATION	LCOUNCIL FUN	ND MUST AL	LOCATE THIS AMOU	NT
FRINGE BENEFITS		TC	THE INSURANCE FU	IND. PLEASE CHECK HE S NOT COMPLETED, THI	RE IF APPLICA	ABLE: <u>TR</u>	AINING FUND			
PENSION FUND	\$7.10		UCATION COUNCIL F		E FUND OFFIC	SE WILL ALLOCATE	THIS AWOUNT	DIRECTLY	O THE FIFING	
INSURANCE FUND - ACTIVE	\$12.35									
INSURANCE FUND - RETIREE	\$0.00									
DUES FUND	\$0.38		ADMINISTRAT	IVE USE ONLY	EMPLOYE	R·				
DEFINED CONTRIB FUND	\$2.25	D	ATE RECEIVED:							
SUB FUND	\$0.50		_		ADDRESS	:				
P.I.E.T. FUND	\$0.40	DI	EPOSIT DATE:							
RETIREE & WIDOW FUND	\$0.10				CITY:		S1	:	ZIP:	_
INT'L TRAINING FUND PIPING ED COUNCIL FUND	\$0.10 \$0.43	CI	HECK NUMBER:		1					
IAR FUND	\$0.43				TELEPHO	NE:		—	CHECK FOR MORE FORMS —	
	\$23.61	CI	HECK AMOUNT:		1					_
		E	NTERED BY:		SIGNATUR	RE:		DATE	E:	_
SUBMIS	SIONS O	F CONTRIBUTION	ONS ON AN ALTERNA	TE FORM MUST BE APP	ROVED BY T	HE JOINT ADMINISTI	RATIVE COMM	ITTEE		
BY SIGNING THIS FORM, YOU CERTIFY	THAT TH	IE INFORMATIO	N CONTAINED IN THE	S REPORT IS A FULL AN	D ACCURATE	STATEMENT OF AL	L EMPLOYEES	WORKING F	OR YOU UNDER THE	E

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.

Revised Date: 06/02/25

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS GRADUATE SERVICE JOURNEYMAN III **SEC 109** FROM: -MONTH: 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** 40 HOURS PER WEEK WORKED HOURS (B) RATE AMOUNT (C) (A) **TOTAL TOTAL HOURS (A)** x \$23.61 PER HOUR = \$ _ MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 **MAIL TO: PIPEFITTERS LOCAL 636** TOTAL (C) \$ _____ WAGE REDUCTION (B) HOURS 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. FRINGE BENEFITS \$7.10 \$12.35 \$0.00 \$0.38

PENSION FUND **INSURANCE FUND - ACTIVE INSURANCE FUND - RETIREE DUES FUND** DEFINED CONTRIB FUND \$2.25 SUB FUND \$0.50 PIFT FUND \$0.40 RETIREE & WIDOW FUND \$0.10 INT'L TRAINING FUND \$0.10 PIPING ED COUNCIL FUND \$0.43 IAR FUND \$0.00 TOTAL \$23.61

EMPLOYERS NOT PAYING THE "CURRENT AN TO THE INSURANCE FUND. PLEASE CHECK H			UST ALLOCATE THIS AMOUNT
IF THIS INFORMATION IS NOT COMPLETED, T EDUCATION COUNCIL FUND.			ECTLY TO THE PIPING
ADMINISTRATIVE USE ONLY	EMPLOYER:		
DATE RECEIVED:			
	ADDRESS:		
DEPOSIT DATE:	_		
	CITY:	ST:	ZIP:
CHECK NUMBER:			
CHECK AMOUNT:	TELEPHONE:		_ CHECK FOR MORE FORMS
CHECK AMOUNT:			
ENTERED BY:	SIGNATURE:_		DATE:

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.

Revised Date: 06/02/25