

PIPEFITTERS LOCAL 636

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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.

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)
TOTAL					

TOTAL HOURS (A) _____ X \$13.71 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	
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	\$0.60
I.A.R.F FUND	\$0.10
TOTAL	\$13.71

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: _____		CHECK FOR MORE FORMS _____
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.