PIPEFITTERS LOCAL 636

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EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS APPRENTICE APPLICANT / MET **SEC 199** 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. TOTAL WAGE REDUCTION PLAN HOURS STRAIGHT TIME NOT TO EXCEED SOCIAL SECURITY NUMBER **EMPLOYEE NAME** WORKED 40 HOURS PER WEEK HOURS (B) AMOUNT (C) RATE (A) **TOTAL TOTAL HOURS (A)** X \$9.46 PER HOUR MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 **MAIL TO: PIPEFITTERS LOCAL 636** WAGE REDUCTION (B) HOURS TOTAL (C) \$ _____ 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. 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 INSURANCE FUND \$ 6.50 IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL. DUES FUND \$ 0.78 DEF. CONTRIB FUND* \$ 1.00 ADMINISTRATIVE USE ONLY P.I.E.T.FUND \$ 0.50 EMPLOYER: INT'L TRAINING FUND \$ 0.10 DATE RECEIVED: PIPING ED COUNCIL FUND \$ 0.48 ADDRESS: IAR FUND \$ 0.10 DEPOSIT DATE: __ CITY: _____ ST: ____ ZIP: ___ TOTAL \$ 9.46 CHECK NUMBER: TELEPHONE: _____ DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. MORE FORMS CHECK AMOUNT:-AFTER PROBATIONARY PERIOD ENDS. CONTRIBUTIONS TO THE DC BEGINS. 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.

Rev Date: 6/2/25