PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

#### **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS APPRENTICE 1ST-10TH SEC 100** 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. 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** = \$ \_\_\_\_\_ \_\_\_\_\_X \$16.46 PER HOUR TOTAL HOURS (A) MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 **MAIL TO: PIPEFITTERS LOCAL 636** \_\_\_\_\_ HOURS WAGE REDUCTION (B) 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 TRAINING FUND THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: FRINGE BENEFITS IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING PENSION FUND \$7.10 EDUCATION COUNCIL. INSURANCE FUND \$6.50 ADMINISTRATIVE USE ONLY DUES FUND \$0.38 EMPLOYER: DEF. CONTRIB FUND \$0.95 DATE RECEIVED: SUB FUND \$0.50 ADDRESS: P.I.E.T. FUND \$0.40 DEPOSIT DATE: \_\_\_\_ RETIREE & WIDOW FUND \$0.10 CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_ INT'L TRAINING FUND \$0.10 CHECK NUMBER:---PIPING ED COUNCIL FUND \$0.43 TELEPHONE: CHECK FOR MORE FORMS CHECK AMOUNT: -TOTAL \$16.46 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

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 JUDICIAL 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

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									SEC 109
MC	ONTH:		FROM: TO:					_	
THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR <b>WEEKLY</b> EMPLOYERS FUNDS ARE DUE NO LATER THAN <b>SEVEN (7) BUSINESS DAYS</b> 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	s	<u>_an</u> XCEED K		
							RATE	Α	MOUNT (C)
							<del>                                     </del>		
				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 <b>AINING FUND</b>	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:						
			NTERED BY: _		SIGNATUR	•			E:
SUBMI				ATE FORM MUST BE AP					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.

**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 II SEC 109										
MON	TH:		FROM: TO:							
THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR <b>WEEKLY</b> EMPLOYERS FUNDS ARE DUE NO LATER THAN <b>SEVEN (7) BUSINESS DAYS</b> 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 NUMBE	EMF	PLOYEE NAME		TOTAL HOURS WORKED	Sī	AN CEED				
						HOURS (B)	RATE	Al	MOUNT (C)	
				TOTAL						
TOTAL HOURS (A)	_	<u>x</u> \$23.61 PE	R HOUR =	\$	_			E TO: PIPEFIT EFITTERS LO	TERS LOCAL 636 CAL 636	
WAGE REDUCTION (B)		HOURS	TOTAL (C)	\$				BOX 675430 T, MI 48267-54	30	
		٦	OTAL THIS REPORT	\$	_			.,		
SPECIAL NOTE: FAILURE TO FILE THIS R AMOUNT. THE LIQUIDATED DAMAGES CI						ED DAMAGES CHARG	GE WHICH V	WILL BE ADDE	TO THE REMITTANCE	
			RS NOT PAYING THE "CUR		•	PIPING EDUCATION	COUNCIL F	FUND MUST AL	LOCATE THIS AMOUNT	
FRINGE BENEFITS			SURANCE FUND. PLEASE ORMATION IS NOT COMP						O THE PIPING	
PENSION FUND	\$7.10		N COUNCIL FUND.			,_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0 11121 11 1110	
INSURANCE FUND - ACTIVE \$	12.35									
INSURANCE FUND - RETIREE	\$0.00									
DUES FUND S	\$0.38	AI	MINISTRATIVE USE ON	ILY	EMPLOYE	D.				
DEFINED CONTRIB FUND	\$2.25	DATE RE	CEIVED:		LIVIII LOTE					
SUB FUND	\$0.50				ADDRESS	•				
P.I.E.T. FUND	\$0.40	DEPOSIT	DATE:		7.2211.200	-				
RETIREE & WIDOW FUND	\$0.10				CITY:			ST:	ZIP:	
	\$0.10	CHECK	IUMBER:							
	\$0.43				TELEPHO	NE:			CHECK FOR	
	\$0.00	CHECK A	AMOUNT:						MORE FORMS	
TOTAL \$:	23.61	ENTERE	D BY:		SIGNATUR	RE:		DATE	<u></u>	
SUBMISSI	ONS O	F CONTRIBUTIONS ON	AN ALTERNATE FORM MU							
BY SIGNING THIS FORM, YOU CERTIFY TI									OR 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.

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 III SEC 109									SEC 109	
MONTH: FROM: TO:										
THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR <b>WEEKLY</b> EMPLOYERS FUNDS ARE DUE NO LATER THAN <b>SEVEN (7) BUSINESS DAYS</b> 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 NUME	BER		EMPLOYEE NAME		TOTAL HOURS WORKED	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK				
					(A)	HOURS (B)	RATE		AMOUNT (C)	
				TOTAL						
TOTAL HOURS (A)		x \$	23.61 PER HOUR	= \$		MAKE CHECK	( PAYABLE	TO: PIPEFI	TTERS LOCAL 636	
WAGE REDUCTION (B)				C)\$			IL TO: PIPE	FITTERS LO		
WAGE REDUCTION (B)								, MI 48267-5	430	
			TOTAL THIS REPO							
SPECIAL NOTE: FAILURE TO FILE THIS AMOUNT. THE LIQUIDATED DAMAGES						ED DAMAGES CHAR	GE WHICH W	ILL BE ADDE	ED TO THE REMITTANCE	
			EMPLOYERS NOT PAYING THE "						LLOCATE THIS AMOUNT	
FRINGE BENEFITS			FO THE INSURANCE FUND. PLEA F THIS INFORMATION IS NOT CO						TO THE PIPING	
PENSION FUND	\$7.10	E	EDUCATION COUNCIL FUND.							
NSURANCE FUND - ACTIVE	\$12.35									
NSURANCE FUND - RETIREE	\$0.00				•					
DUES FUND	\$0.38		ADMINISTRATIVE USE	ONLY	EMPLOYE	R:				
DEFINED CONTRIB FUND	\$2.25	l l	DATE RECEIVED:							
SUB FUND	\$0.50				ADDRESS	:				
P.I.E.T. FUND	\$0.40	l l	DEPOSIT DATE:							
RETIREE & WIDOW FUND	\$0.10				CITY:			ST:	ZIP:	
NT'L TRAINING FUND	\$0.10		CHECK NUMBER:						_	
PIPING ED COUNCIL FUND	\$0.43				TELEPHO	NE:			CHECK FOR	
AR FUND	\$0.00		CHECK AMOUNT:					_	MORE FORMS	
TOTAL	\$23.61		ENTERED BY:		010111	NE:			···	
		L			SIGNATUR				E:	
			IONS ON AN ALTERNATE FORM						=== \/ai/:::==	
BY SIGNING THIS FORM, YOU CERTIFY	I HAT T	HE INFORMAT	ION CONTAINED IN THIS REPOR	I IS A FULL AND	ACCURATE	STATEMENT OF ALL	- EMPLOYEE	S WORKING	FOR YOU 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.

PO BOX 278 TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS									
JOURNEYPERSON SEC 1									
МС	NTH:		FROM:		TO: —				
THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR <b>WEEKLY</b> EMPLOYERS FUNDS ARE DUE NO LATER THAN <b>SEVEN (7) BUSINESS DAYS</b> 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 NUM	BER		EMPLOYEE NAME	TOTAL HOURS WORKED	s	DUCTION PLAN ME NOT TO EXCEED RS PER WEEK			
				(A)	HOURS (B)	RATE	AMOUNT (C)		
			TC	OTAL					
TOTAL (1011D0 (1)				, , , , , , , , , , , , , , , , , , ,					
TOTAL HOURS (A)		x	39.75 per hour = \$ _				CHANGED BANKS ETO: PIPEFITTERS LOCAL 636		
WAGE REDUCTION (B)			HOURS TOTAL (C) \$ _				ERS LOCAL 636 BOX 675430		
			TOTAL THIS REPORT \$ _				, MI 48267-5430		
			R CALCULATED INCORRECTLY WILL RESTRICT THE REMITTANCE AMOUNT BUT NOT LE		ED DAMAGES CHAR	GE WHICH W	VILL BE ADDED TO THE REMITTANCE		
AMOUNT. THE ENGINATED DAMAGES	CHARGE	13 10 /6 01	EMPLOYERS NOT PAYING THE "CURREN		PIPING EDUCATION	COUNCIL F	UND MUST ALLOCATE THIS AMOUNT		
FRINGE BENEFITS			TO THE INSURANCE FUND. PLEASE CHE IF THIS INFORMATION IS NOT COMPLET			AINING FUN			
PENSION FUND	\$16.50		EDUCATION COUNCIL FUND.	ED, THE FOND OFFI	DE WILL ALLOCATE	THIS AWOUN	NI DIRECTLY TO THE FIFING		
NSURANCE FUND - ACTIVE	\$12.35								
NSURANCE FUND - RETIREE	\$2.65								
DUES FUND	\$1.80		ADMINISTRATIVE USE ONLY		-				
DEFINED CONTRIB FUND	\$2.25		DATE DECENTED.	EMPLOYE	:R:				
SUB FUND	\$0.70		DATE RECEIVED:	45555	<b>-</b>				
P.I.E.T. FUND	\$1.10		DEPOSIT DATE:	ADDRESS	·				
RETIREE & WIDOW FUND	\$0.80		DEPOSIT DATE:	CITY:			ST: ZIP:		
NT'L TRAINING FUND	\$0.10		CHECK NUMBER:	J		`	ZIF:		
PIPING ED COUNCIL FUND	\$0.60		STESK NOWIDEN	TEI EPHO	NE:		CHECK FOR		
AR FUND	\$0.90		CHECK AMOUNT:		·•		MORE FORMS		
TOTAL	\$39.75								
			ENTERED BY:				DATE:		
SUBMI			JTIONS ON AN ALTERNATE FORM MUST						
BY SIGNING THIS FORM, YOU CERTIF	Y THAT TH	HE INFORMA	TION CONTAINED IN THIS REPORT IS A F	ULL AND ACCURATE	STATEMENT OF ALI	_ EMPLOYEE	ES WORKING FOR YOU UNDER THE		

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PO BOX 278 TROY, MI 48099-0278

### PHONE: (248) 641-4936 **TOLL FREE: (888) 646-8920 EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS MECHANICAL/MAINTENANCE TRADESMAN SEC 130** 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** \_\_\_\_\_ X \$9.38 Per hour **TOTAL HOURS (A)** = \$ \_\_\_\_\_ 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 FRINGE BENEFITS IF THIS INFORMATION IS NOT COMPLETED. THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING INSURANCE FUND \$6.50 EDUCATION COUNCIL DUES FUND \$0.78 ADMINISTRATIVE USE ONLY DEF. CONTRIB FUND \$1.00 EMPLOYER: P.I.E.T.FUND \$0.50 DATE RECEIVED: INT'I TRAINING FUND \$0.10 ADDRESS: PIPING ED COUNCIL FUND \$0.40 DEPOSIT DATE: \_\_ IAR FUND \$0.10 CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_ CHECK NUMBER:\_\_\_ **TOTAL** \$9.38 TELEPHONE: CHECK FOR MORE FORMS CHECK AMOUNT: -ENTERED BY: \_ \_ DATE: \_ SIGNATURE: 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 6/3/24

PO BOX 278 TROY, MI 48099-0278

### PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920 **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. 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** \_\_\_\_\_X \$13.71 PER HOUR **TOTAL HOURS (A)** 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 TRAINING FUND THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: FRINGE BENEFITS IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING INSURANCE FUND \$7.73 EDUCATION COUNCIL DUES FUND \$0.78 ADMINISTRATIVE USE ONLY DEF. CONTRIB FUND \$3.00 EMPLOYER: SUB FUND \$1.00 DATE RECEIVED: PIFTFUND \$0.40 ADDRESS: INT'L TRAINING FUND \$0.10 DEPOSIT DATE: \_\_ PIPING ED COUNCIL FUND \$0.60 CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_ I.A.R.F FUND \$0.10 CHECK NUMBER: TELEPHONE: CHECK FOR TOTAL \$13.71 MORE FORMS CHECK AMOUNT: -ENTERED BY: \_ SIGNATURE:\_ 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

**PO BOX 278** TROY, MI 48099-0278

PHONE: (248) 641-4936 **TOLL FREE: (888) 646-8920** 

### **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

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PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920 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** From: **SEC 170** Month: \*\*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** OPTIONAL\*\*\* OPTIONAL\*\*\* **OPTIONAL INSURANCE \*\*\*** DEFINED CONTRIBUTION MANDATORY WAGE REDUCTION PLAN DB PENSION FUND \$16.50 PLEASE REFER TO CURRENT WAGE TOTAL HOURS WORKED X RATE = AMOUNT PLEASE REFER TO CURRENT WAGE DEFERRAL DEFERRAL LIMITS IMPOSED BY THE IRS DUES FUND \$1.80 WHICH ARE SUBJECT TO CHANGE ON AN **INSURANCE RATE = \$13.75 PER HOUR** LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS ANNUAL BASIS AS LISTED ON BACK SIDE OF P.I.E.T.FUND \$1.10 LISTED ON BACK SIDE OF FORM FORM INT'L TRAINING FUND \$0.10 \_\_\_\_ RATE PIPING ED COUNCIL FUND \$0.60 \$13.75 I.A.R.FUND \$0.90 \$ \$ TOTAL \$21.00 **ENTER AMOUNT ENTER AMOUNT ENTER AMOUNT** \*\*\*\*\* SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\* TOTAL HOURS \_ \_\_ X \$21.00 MAKE CHECK PAYABLE TO: WAGE REDUCTION OPTION AMT **PIPEFITTERS LOCAL 636** D/C PENSION FUND OPTION AMOUNT P.O. BOX 675430 **DETROIT, MI 48267-5430** 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: ADDRESS: DEPOSIT DATE: CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP:\_\_\_\_ CHECK NUMBER: CHECK BOX FOR MORE FORMS TELEPHONE: CHECK AMOUNT: CHECK BOX IF FINAL REPORT ENTERED BY: 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. 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

Rev Date: (

6/2/25