

# 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

## 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.

[illegible]

**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.**

<b>FRINGE BENEFITS</b>		EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK <u>HERE IF APPLICABLE:</u> <b>TRAINING FUND</b> IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.	
PENSION FUND	\$7.10	<b>ADMINISTRATIVE USE ONLY</b>  <b>DATE RECEIVED:</b> _____  <b>DEPOSIT DATE:</b> _____  <b>CHECK NUMBER:</b> _____  <b>CHECK AMOUNT:</b> _____  <b>ENTERED BY:</b> _____	<b>EMPLOYER:</b> _____  <b>ADDRESS:</b> _____  <b>CITY:</b> _____ <b>ST:</b> _____ <b>ZIP:</b> _____  <b>TELEPHONE:</b> _____
INSURANCE FUND	\$6.50		<div> <b>CHECK FOR MORE FORMS</b> _____         </div>
DUES FUND	\$0.38		
DEF. CONTRIB FUND	\$0.95		
SUB FUND	\$0.50		
P.I.E.T. FUND	\$0.40		
RETIREE & WIDOW FUND	\$0.10		
INT'L TRAINING FUND	\$0.10		
PIPING ED COUNCIL FUND	\$0.43		
<b>TOTAL</b>	<b>\$16.46</b>		<b>SIGNATURE:</b> _____ <b>DATE:</b> _____

**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**

**TOLL FREE: (888) 646-8920**

## GRADUATE SERVICE JOURNEYMAN I

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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 )
<b>TOTAL</b>					

**MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636**  
**MAIL TO: PIPEFITTERS LOCAL 636**  
**PO BOX 675430**  
**DETROIT, MI 48267-5430**

<b>FRINGE BENEFITS</b>	
PENSION FUND	\$7.10
INSURANCE FUND - ACTIVE	\$12.35
INSURANCE FUND - RETIREE	\$0.00
DUES FUND	\$0.38
DEFINED CONTRIB FUND	\$2.25
SUB FUND	\$0.50
P.I.E.T. FUND	\$0.40
RETIREE & WIDOW FUND	\$0.10
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.43
IAR FUND	\$0.00
<b>TOTAL</b>	<b>\$23.61</b>

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL FUND 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 FUND.

ADMINISTRATIVE USE ONLY	
<b>DATE RECEIVED:</b> _____  <b>DEPOSIT DATE:</b> _____  <b>CHECK NUMBER:</b> _____  <b>CHECK AMOUNT:</b> _____  <b>ENTERED BY:</b> _____	<b>EMPLOYER:</b> _____  <b>ADDRESS:</b> _____  <b>CITY:</b> _____ <b>ST:</b> _____ <b>ZIP:</b> _____  <b>TELEPHONE:</b> _____  <b>SIGNATURE:</b> _____ <b>DATE:</b> _____

CHECK FOR  
MORE FORMS ☐

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Revised Date: 06/02/25

**TROY, MI 48099-0278**

**TOLL FREE: (888) 646-8920**

## SEC 109

Revised Date: 06/02/25

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

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## GRADUATE SERVICE JOURNEYMAN III

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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 )
<b>TOTAL</b>					

**MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636**  
**MAIL TO: PIPEFITTERS LOCAL 636**  
**PO BOX 675430**  
**DETROIT, MI 48267-5430**

FRINGE BENEFITS	
PENSION FUND	\$7.10
INSURANCE FUND - ACTIVE	\$12.35
INSURANCE FUND - RETIREE	\$0.00
DUES FUND	\$0.38
DEFINED CONTRIB FUND	\$2.25
SUB FUND	\$0.50
P.I.E.T. FUND	\$0.40
RETIREE & WIDOW FUND	\$0.10
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.43
IAR FUND	\$0.00
<b>TOTAL</b>	<b>\$23.61</b>

ADMINISTRATIVE USE ONLY	
DATE RECEIVED:	_____
DEPOSIT DATE:	_____
CHECK NUMBER:	_____
CHECK AMOUNT:	_____
ENTERED BY:	_____

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHECK FOR  
MORE FORMS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Revised Date: 06/02/25

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

**TOLL FREE: (888) 646-8920**

## SEC 110

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	TOTAL HOURS WORKED (A)	<u>WAGE REDUCTION PLAN</u>		
			STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
			HOURS (B)	RATE	AMOUNT (C )
TOTAL					

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 FUND 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 FUND.

ADMINISTRATIVE USE ONLY	
DATE RECEIVED:	_____
DEPOSIT DATE:	_____
CHECK NUMBER:	_____
CHECK AMOUNT:	_____
ENTERED BY:	_____

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHECK FOR  
MORE FORMS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE**

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Revised Date: 06/02/25

# PIPEFITTERS LOCAL 636

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**TROY, MI 48099-0278**

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**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.

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 )
<b>TOTAL</b>					

TOTAL HOURS (A)	_____	X \$9.38 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	\$6.50
DUES FUND	\$0.78
DEF. CONTRIB FUND	\$1.00
P.I.E.T.FUND	\$0.50
INT'L TRAINING FUND	\$0.10
PIPING ED COUNCIL FUND	\$0.40
IAR FUND	\$0.10
<b>TOTAL</b>	<b>\$9.38</b>

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	
DATE RECEIVED:	_____
DEPOSIT DATE:	_____
CHECK NUMBER:	_____
CHECK AMOUNT:	_____
ENTERED BY:	_____

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHECK FOR  
MORE FORMS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

## MECHANICAL EQUIPMENT SERVICEMAN

SEC 140

**MONTH:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

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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 )
<b>TOTAL</b>					

TOTAL HOURS (A)      _____ X \$13.71 PER HOUR      = \$ _____ WAGE REDUCTION (B)      _____ HOURS      TOTAL (C ) \$ _____ TOTAL THIS REPORT \$ _____		<b>MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636</b> <b>MAIL TO: PIPEFITTERS LOCAL 636</b> <b>PO BOX 675430</b> <b>DETROIT, MI 48267-5430</b>

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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
<b>TOTAL</b>	<b>\$13.71</b>

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**

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# PIPEFITTERS LOCAL 636

PO BOX 278  
TROY, MI 48099-0278

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

Month: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

SEC 170

**\*\*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

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND \$16.50	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	TOTAL HOURS WORKED X RATE = AMOUNT
DUES FUND \$1.80			INSURANCE RATE = \$13.75 PER HOUR
P.I.E.T.FUND \$1.10			
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.60			HOURS _____ RATE _____ \$13.75
I.A.R.FUND \$0.90			
	\$ _____	\$ _____	\$ _____
<b>TOTAL \$21.00</b>	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

\*\*\*\*\* SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\*

TOTAL HOURS \_\_\_\_\_ X \$21.00 = \$ \_\_\_\_\_  
WAGE REDUCTION OPTION AMT \$ \_\_\_\_\_  
D/C PENSION FUND OPTION AMOUNT \$ \_\_\_\_\_  
INSURANCE PLAN OPTION AMOUNT \$ \_\_\_\_\_  
TOTAL THIS REPORT \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO:

PIPEFITTERS LOCAL 636  
P.O. BOX 675430  
DETROIT, MI 48267-5430

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ADMINISTRATIVE USE ONLY		EMPLOYER: _____
DATE RECEIVED: _____		ADDRESS: _____
DEPOSIT DATE: _____		CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____		TELEPHONE: _____
CHECK AMOUNT: _____		CHECK BOX FOR MORE FORMS <input type="checkbox"/>
ENTERED BY: _____		CHECK BOX IF FINAL REPORT <input type="checkbox"/>
		SIGNATURE: _____ DATE: _____

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I 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