# 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

### JOURNEYPERSON SEC 110

**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. 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 ) |
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| | TOTAL | | | | |

**TOTAL HOURS (A)** _____ **X $24.83 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 638042**
**CINCINNATI, OH 45263-8042**

**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 | |
|---|---|
| PENSION | $8.50 |
| INSURANCE FUND - ACTIVE | $6.20 |
| INSURANCE FUND - RETIREE | $2.95 |
| PIPING EDUC. COUNCIL | $0.47 |
| DUES | $1.36 |
| DEFINED CONTRIBUTION | $2.00 |
| SUB | $2.00 |
| TRAINING | $0.60 |
| INT'L TRAINING FUND | $0.10 |
| RETIREE/WIDOW FUND | $0.65 |
| I.A.R.F. | $0.00 |
| **TOTAL** | **$24.83** |

EMPLOYERS NOT PAYING THE $.35 TO THE INDUSTRY FUND MUST ALLOCATE THE $.35 TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.35 DIRECTLY TO THE INDUSTRY 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**

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: 09/27/10**