

PIPEFITTERS LOCAL 636

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**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

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK . 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	HOURS - NOT LESS THAN 32 HOURS PER WEEK

FRINGE BENEFITS

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION \$ 8.50	STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK YOU MAY DEDUCT UP TO \$7.00/HR IN DOLLAR INCREMENTS OR UP TO \$11.00/HR IF YOU ARE OVER 50 ON STRAIGHT TIME HOURS ONLY WAGE RED HOURS X RATE = AMOUNT HOURS _____ RATE \$ _____	TOTAL HOURS WORKED X RATE =AMOUNT	TOTAL HOURS WORKED X RATE = AMOUNT
PIPING EDUCATION COUNCIL \$ 0.47		DC RATE = \$2.00 PER HOUR	INSURANCE RATE = \$9.15 PER HOUR
P.I.E.T.F \$ 0.60		HOURS _____ RATE \$ 2.00	HOURS _____ RATE \$ 9.15
INT'L TRAINING FUND \$ 0.10			
DUES \$ 1.36			
I.A.R.F. \$0.00			
TOTAL \$ 11.03	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

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

TOTAL HOURS _____ X \$ 11.03 PER HOUR = \$ _____	
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
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.

ADMINISTRATIVE USE ONLY	MAKE CHECK PAYABLE TO:	EMPLOYER:	
DATE RECEIVED: _____	PIPEFITTERS LOCAL 636 PO BOX 638042 CINCINNATI, OH 45263-8042	_____	
DEPOSIT DATE: _____		ADDRESS: _____	
CHECK NUMBER: _____		CITY: _____ ST: _____ ZIP: _____	
CHECK AMOUNT: _____		TELEPHONE: _____	CHECK BOX FOR MORE FORMS <input type="checkbox"/>
ENTERED BY: _____		SIGNATURE: _____	CHECK BOX IF FINAL REPORT <input type="checkbox"/>
		DATE: _____	

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY COULD 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.

I CERTIFY THAT THE INFORMATION 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 THE PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT 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: 9/27/2010