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

PRE-APPRENTICE 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. 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)
	TOTAL				

TOTAL HOURS (A) _____ **X $7.42 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	
INSURANCE	$5.60
PIP. EDUC. COUNCIL	$0.23
DUES	$0.54
DEF. CONTR. *	$0.50
INT'L TRAINING	$0.10
I.A.R.F.	$0.45
TOTAL	**$7.42** *

* DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGINS.

EMPLOYERS NOT PAYING THE $.18 TO THE INDUSTRY FUND MUST ALLOCATE THE $.18 TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **INSURANCE FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.18 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.

Rev Date 6/1/2009