

# 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 \$ 7.50	STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK	TOTAL HOURS WORKED X RATE = AMOUNT	TOTAL HOURS WORKED X RATE = AMOUNT
INDUSTRY \$ 0.35	YOU MAY DEDUCT UP TO \$7.00/HR IN DOLLAR INCREMENTS OR UP TO \$10.00/HR IF YOU ARE OVER AGE 50 ON STRAIGHT TIME HOURS ONLY	DC RATE = \$1.50 PER HOUR	INSURANCE RATE = \$7.73 PER HOUR
P.I.E.T.F \$ 0.40	WAGE RED HOURS X RATE = AMOUNT		
INT'L TRAINING FUND \$ 0.05	HOURS _____ RATE \$ _____	HOURS _____ RATE \$ 1.50	HOURS _____ RATE \$ 7.73
DUES \$ 1.08	\$ _____	\$ _____	\$ _____
I.A.R.F. \$ 0.50			
<b>TOTAL \$ 9.88</b>	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

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

TOTAL HOURS _____ X \$ 9.88 PER HOUR = \$ _____	
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
INSURANCE PLAN OPTION AMOUNT \$ _____	
<b>TOTAL THIS REPORT \$ _____</b>	

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	EMPLOYER:	DATE RECEIVED: _____
<b>MAKE CHECK PAYABLE TO:</b> PIPEFITTERS LOCAL 636 LOCK BOX #97 PO BOX 33321 DETROIT, MI 48232-5321	ADDRESS: _____	DEPOSIT DATE: _____
	CITY: _____ ST: _____ ZIP: _____	CHECK NUMBER: _____
	TELEPHONE: _____	CHECK AMOUNT: _____
	SIGNATURE: _____	ENTERED BY: _____
	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