

PIPEFITTERS LOCAL 636

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TROY, MI 48099-0278

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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. 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)
TOTAL					

TOTAL HOURS (A) _____ X \$ 41.40 per hour = \$ _____

WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____

TOTAL THIS REPORT \$ _____

WE HAVE CHANGED BANKS
MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636
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		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: <u>TRAINING FUND</u> IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL FUND.	
PENSION FUND	\$16.50		
INSURANCE FUND - ACTIVE	\$12.70		
INSURANCE FUND - RETIREE	\$2.65		
DUES FUND	\$2.00		
DEFINED CONTRIB FUND	\$2.45		
SUB FUND	\$0.70		
P.I.E.T. FUND	\$1.50		
RETIREE & WIDOW FUND	\$0.80		
INT'L TRAINING FUND	\$0.10		
PIPING ED COUNCIL FUND	\$1.00		
IAR FUND	\$1.00		
TOTAL	\$41.40		
		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

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: 07/06/26