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

APPRENTICE 1ST-10TH

SEC 100

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 $19.61 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 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	
PENSION FUND	$7.10
INSURANCE FUND	$9.00
DUES FUND	$0.63
DEF. CONTRIB FUND	$0.95
SUB FUND	$0.50
P.I.E.T. FUND	$0.40
RETIREE & WIDOW FUND	$0.10
INT'L TRAINING FUND	$0.10
PIPING ED COUNCIL FUND	$0.83
TOTAL	**$19.61**

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

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: **7/6/2026**

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

APPRENTICE APPLICANT

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. 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 $10.36 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 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.

INSURANCE FUND	$ 6.90
DUES FUND	$ 0.78
DEF. CONTRIB FUND*	$ 1.00
P.I.E.T.FUND	$ 0.50
INT'L TRAINING FUND	$ 0.10
PIPING ED COUNCIL FUND	$ 0.88
IAR FUND	$ 0.20
TOTAL	**$ 10.36**

* 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 "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE:_____ TRAINING FUND
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

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: **7/6/2026**

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

GRADUATE SERVICE JOURNEYMAN I SEC 109

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 $26.31 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 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	
PENSION FUND	$8.60
INSURANCE FUND - ACTIVE	$12.70
INSURANCE FUND - RETIREE	$0.00
DUES FUND	$0.63
DEFINED CONTRIB FUND	$2.45
SUB FUND	$0.50
P.I.E.T. FUND	$0.40
RETIREE & WIDOW FUND	$0.10
INT'L TRAINING FUND	$0.10
PIPING ED COUNCIL FUND	$0.83
IAR FUND	$0.00
TOTAL	**$26.31**

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:_____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL 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: 07/06/26

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

GRADUATE SERVICE JOURNEYMAN II SEC 109

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 $26.31 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 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	
PENSION FUND	$8.60
INSURANCE FUND - ACTIVE	$12.70
INSURANCE FUND - RETIREE	$0.00
DUES FUND	$0.63
DEFINED CONTRIB FUND	$2.45
SUB FUND	$0.50
P.I.E.T. FUND	$0.40
RETIREE & WIDOW FUND	$0.10
INT'L TRAINING FUND	$0.10
PIPING ED COUNCIL FUND	$0.83
IAR FUND	$0.00
TOTAL	**$26.31**

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:_____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL 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: 07/06/26

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

GRADUATE SERVICE JOURNEYMAN III SEC 109

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 $26.31 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 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	
PENSION FUND	$8.60
INSURANCE FUND - ACTIVE	$12.70
INSURANCE FUND - RETIREE	$0.00
DUES FUND	$0.63
DEFINED CONTRIB FUND	$2.45
SUB FUND	$0.50
P.I.E.T. FUND	$0.40
RETIREE & WIDOW FUND	$0.10
INT'L TRAINING FUND	$0.10
PIPING ED COUNCIL FUND	$0.83
IAR FUND	$0.00
TOTAL	**$26.31**

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:_____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL 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: 07/06/26

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. 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	
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**

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: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL 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: 07/06/26

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

MECHANICAL EQUIPMENT SERVICEMAN SEC 140

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 $15.70 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 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	
INSURANCE FUND	$9.00
DUES FUND	$1.00
DEF. CONTRIB FUND	$3.00
SUB FUND	$1.00
P.I.E.T.FUND	$0.40
INT'L TRAINING FUND	$0.10
PIPING ED COUNCIL FUND	$1.00
I.A.R.F FUND	$0.20
TOTAL	**$15.70**

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE:_____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

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 **7/6/2026**

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

MECHANICAL/MAINTENANCE TRADESMAN/MET

SEC 130

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 $10.36 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 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	
INSURANCE FUND	$6.90
DUES FUND	$0.78
DEF. CONTRIB FUND	$1.00
P.I.E.T.FUND	$0.50
INT'L TRAINING FUND	$0.10
PIPING ED COUNCIL FUND	$0.88
IAR FUND	$0.20
TOTAL	**$10.36**

EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: ____ **TRAINING FUND**

IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.

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 **7/6/2026**

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936 TOLL FREE: (888) 646-8920

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**

****THESE CONTRIBUTIONS SHALL BE MADE FOR ALL HOURS WORKED UNDER THIS AGREEMENT, AND IN NO CASE FOR LESS THAN THIRTY-TWO (32) HOURS A WEEK WITH THE EXCEPTION THAT THE WORKING PRINCIPAL SHALL NOT BE REQUIRED TO MAKE CONTRIBUTIONS FOR ANY WEEK DURING WHICH HE DID NOT PERSONALLY PERFORM ANY BARGAINING UNIT WORK, UP TO A MAXIMUM OF FOUR (4) WEEKS PER CONTRACT YEAR (JUNE 1 – MAY 31), PROVIDED THAT HE HAS SUBMITTED EVIDENCE IN SUPPORT OF SUCH CLAIM TO BOTH THE UNION AND THE TRUSTEES OF THE APPLICABLE FUNDS, AND FURTHER PROVIDED THAT THE EVIDENCE SUBMITTED IS DEEMED BY BOTH THE UNION AND THE TRUSTEES IN THEIR SOLE DISCRETION TO BE SATISFACTORY TO SUPPORT THE WORKING PRINCIPAL'S CLAIM THAT BARGAINING UNIT WORK WAS NOT PERFORMED DURING THE WEEK(S) IN QUESTION. 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

FRINGE BENEFITS

MANDATORY		OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND	$16.50	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	TOTAL HOURS WORKED X RATE = AMOUNT INSURANCE RATE = $13.75 PER HOUR
DUES FUND	$2.00			
P.I.E.T.FUND	$1.50			
INT'L TRAINING FUND	$0.10			
PIPING ED COUNCIL FUND	$1.00			HOURS _____ RATE $13.75
I.A.R.FUND	$1.00			
		$	$	$
TOTAL	$22.10	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

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

TOTAL HOURS _____ **X $22.10** = $ _____

WAGE REDUCTION OPTION AMT $ _____

D/C PENSION FUND OPTION AMOUNT $ _____

INSURANCE PLAN OPTION AMOUNT $ _____

TOTAL THIS REPORT $ _____

MAKE CHECK PAYABLE TO:

PIPEFITTERS LOCAL 636
P.O. BOX 675430
DETROIT, MI 48267-5430

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. ** SEE REVERSE SIDE

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

TELEPHONE: _____ CHECK BOX FOR MORE FORMS ☐ CHECK BOX IF FINAL REPORT ☐

SIGNATURE: _____ **DATE:** _____

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.

I CERTIFY THAT THE INFORMATION CONTAINED 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 PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. 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: (7/6/2026