

**PO BOX 278**  
**TROY, MI 48099-0278**

**TOLL FREE: (888) 646-8920**

## MECHANICAL/MAINTENANCE TRADESMAN

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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 )
<b>TOTAL</b>					

**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.**

EMPLOYER: _____	
ADDRESS: _____	
CITY: _____	ST: _____ ZIP: _____
TELEPHONE: _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CHECK FOR MORE FORMS _____ </div>
SIGNATURE: _____ DATE: _____	

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.