

MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund  
 75 Remittance Drive Suite 3163  
 Chicago IL 60675-3163  
 888-770-9297

ACCOUNT NO.
FOR OFFICIAL USE ONLY

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work of the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

- Please check here
- No work this month
  - FINAL report
  - Send more forms
  - Change of address
  - Change in name

PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES	CODE 362PL - AREA 362 PLASTERERS JOURNEYMEN	WORK MONTH
JOB LOCATION		

SSN	Employee Name	Local No. 000362	Job Class JRY	REG HOURS	OT HOURS	DT HOURS
PLEASE SUPPLY BUSINESS PHONE NO:				TOTALS		

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS.

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

REPORTS ARE DUE BY THE 15th OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES.

SIGNED  
 MAKE ONE CHECK PAYABLE TO:  
 FOX VALLEY & VICINITY CONSTR.  
 WORKERS BENEFIT FUNDS

JOURNEYMAN

- 01 WELFARE \$ 10.00 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 02 PENSION/FOX \$ 12.88 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 04 DUES \$ 2.30 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 06 IND ADV \$ 0.04 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 07 RET SAV \$ 8.30 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 08 APPRENT \$ 0.50 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 12 TRAINING \$ 0.09 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 13 INT DUES \$ 0.77 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 14 VACATION ST \$ 4.73 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 14 VACATION OT \$ 7.10 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 14 VACATION DT \$ 9.46 x \_\_\_\_\_ = \$ \_\_\_\_\_
- 16 GL SAFETY FUND \$ 0.01 x \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL AMOUNT DUE	\$
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