

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.
 01989/638 CM
 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 638CM CEMENT AREA 638 JOURNEYMAN	WORK MONTH
JOB LOCATION		

SSN	Employee Name	Local No.	Job Class	REG HOURS	OT HOURS	DT HOURS
			JRY			
			JRY			
			JRY			
			JRY			
			JRY			
			JRY			
			JRY			
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	\$ 10.16 x _____	= \$ _____
04	DUES	\$ 2.30 x _____	= \$ _____
06	IND ADV	\$ 0.08 x _____	= \$ _____
07	RET SAV ST	\$ 10.85 x _____	= \$ _____
07	RET SAV OT	\$ 16.28 x _____	= \$ _____
07	RET SAV DT	\$ 21.70 x _____	= \$ _____
08	APPRENT	\$ 0.50 x _____	= \$ _____
09	LAB MAN	\$ 0.10 x _____	= \$ _____
12	TRAINING	\$ 0.09 x _____	= \$ _____
13	INT DUES	\$ 0.77 x _____	= \$ _____
14	VACATION ST	\$ 5.84 x _____	= \$ _____
14	VACATION OT	\$ 8.76 x _____	= \$ _____
14	VACATION DT	\$ 11.68 x _____	= \$ _____

TOTAL AMOUNT DUE	\$ _____
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