

Construction Industry Fund  
 PO Box 7405  
 Carol Stream, IL 60197-7405  
 Phone (615) 399-0800 Fax (847) 519-1879

Please check all information below. If any changes please make corrections.

CE

Payments received after the 25th are assessed 10% liquidated damages. Please allow 5-7 business days for delivery of mail.

Month Hours Worked JUN-2022 Payment Due Date 7/15/2022  
 Emp. CD or Contract#  
 6051 LOCAL 11/297-858 RESIDENTIAL

- 1) Report **ALL HOURS** worked each month per member and any fractions. (Do not round off hours to whole numbers). **ALL HOURS** reported are for hours worked from the 1st day of each month through the last day of each month
- 2) Add **ALL HOURS** under column: "TOTAL HOURS".
- 3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".
- 4) Then add all figures under this column "TOTAL\$ DUE" and record this amount in box "GRAND TOTAL".

5) If **NO WORK** performed for month: please check **NO WORK** box and return a copy to CONSTRUCTION INDUSTRY FUNDS. If no longer working in area, please check **FINAL REPORT** box.  
 6) Make check payable to CONSTRUCTION INDUSTRY  
 PO Box 7405 Carol Stream, IL 60197-7405

Signature \_\_\_\_\_

Phone \_\_\_\_\_

FINAL RPT

NO WORK

SSN	NAME	LOCAL#	TOTAL HOURS
TOTAL			

PLEASE **LINE OUT** any member no longer employed and **ADO** any new members hired during this period.

REMITTANCE COPY (RETURN WITH CHECK)

RATE CODE	HOURLY RATE	TOTAL HOURS REPORTED	TOTAL\$ DUE
WELFARE CONST IND WELFARE FUND	\$11.60		
APPRENT APPRENTICESHIP	\$0.55		

Grand Total \_\_\_\_\_

**MONTHLY REPORT OF PAYMENTS TO**  
**Fox Valley & Vicinity Construction Workers Fund**  
**75 Remittance Drive Suite 3163**  
**Chicago IL 60675-3163**  
**888-770-9297**

<b>ACCOUNT NO</b>
297RES
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 the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.
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- Please Check Here
- No Work This Month
  - FINAL Report
  - Send More Forms
  - Change of Address
  - Change in Name

<b>PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES</b>			<b>CODE</b>			<b>WORK MONTH</b>		
JOB LOCATION			297 Residential Cm Pl Shop			JUNE 2022		
<b>SSN</b>	<b>Employee Name</b>	<b>Local No.</b>	<b>Job Class</b>	<b>REG HOURS</b>	<b>OT HOURS</b>	<b>DT HOURS</b>		
PLEASE SUPPLY BUSINESS PHONE NO:				<b>TOTALS</b>				

**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.**

PENS /FX	\$6.80	x _____	= \$ _____
DUES	\$1.26	x _____	= \$ _____
TRAINING	\$0.09	x _____	= \$ _____
INT DUES	\$0.42	x _____	= \$ _____
<b>TOTAL AMOUNT DUE</b>			<b>\$ _____</b>

<b>REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES</b>
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SIGNED \_\_\_\_\_

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