Construction Industry Fund PO Box 7405 Carol Stream, IL 60197-7405

Please check all information below. If any changes please make

Phone (815) 399-0800 Fax (847) 519-1979 Payments received after the 25th are assessed 10% liquidated damages. Please allow 5-7 business days for delivery of mail. Payment Due Date 7/15/2022 Month Hours Worked JUN-2022 Emp. CD or Contract# 587 PLASTERERS 1) Report <u>ALL HOURS</u> worked each month per member and any 5) if NO WORK performed for month : please check NO fraction s. (Do not round off hours to whole numbers). ALL HOURS WORK box and return a copy to CONSTRUCTION reported are for hours worked from the 1st day of each month INDUSTRY FUNDS, If no longer working in area, please FINAL RPT through the last day of each month check FINAL REPORT box. 2) Add All HOURS under column: "TOTAL HOURS". 6) Make check payable to CONSTRUCTION INDUSTRY 3) Take "TOTAL HOURS" times each rate code and type in amount PO Box 7405 Carol Stream, IL 60197-7405 NO WORK under column: "TOTAL DUE". Signature 4) Then add all figures under this column "TOTAL\$ DUE" and record this amount in box "GRANDTOTAL". Phone TOTAL HOURS LOCAL II NAME SSN TOTAL REMITTANCE COPY (RETURN WITH CHECK) PLEASE LINE OUT any member no longer employed and ADO any new members hired during this period. TOTAL\$DUE TOTAL HOURS REPORTED RATE CODE HOURLY RATE WELFARE CONST IND WELFARE FUND \$12.65 RETIREMENT FUND \$13.52 RETIRE ADVANCE ADVANCEMENT FUND \$0.33 \$0.55 APPRENT APPRENTICESHIP \$0.05 PROJECT PROJECT FIRST RATE

Grand Total		

MONTHLY REPORT OF PAYMENTS TO

ACCOUNT NO

587PL

Fox Valley & Vicinity Construction Workers Fund

75 Remittance Drive Suite 3163							F	FOR OFFICIAL USE ONLY		
	Chicago IL 60675-3163 888-770-9297							No Work This Month		
	The undersigned employer, if not already a signator, hereby becomes							FINAL Report		
a signatory party to the curr agreement with the District to type and area of work that is agreement and Deplatation				ently applicable collective bargaining Council or Local of the Union covering the sted employees and also to each of Trust, and amendments, establishing				Send More Forms		
the funds for which payment is made herewith.								Change of Address		
								Change	in Name	
PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES				CODE				WORK MONTH		
JOB LOCATION				587pl - Plasterers Area 587				JUNE 2022		
SSN	Employee Nam	e Local		No.	Job Class	REG HOURS	5 C	T HOURS	DT HOURS	
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PLEASE SUPPLY	BUSINESS PHONE NO:				TOTALS				<u> </u>	
PENS/FX					\$8.00	x = \$	s			
NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE NDICATE ANY CORRECTIONS.		DUES			\$2.20 x = 3		;			
		TRAINING			\$0.09 x = \$		·			
		INT DUES		\$0.73 x = 5		5				
BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.					TOTAL AMO	UNT DUE S	;			

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