

PL

Month	Hours Worked	Payment Due Date
Emp. CD or Contract #		
600	CEMENT FINISHERS	587

- Phone

REMITTANCE COPY (RETURN WITH CHECK)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**

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 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		WORK MONTH	
JOB LOCATION			587CM Journeyman Cement			
SSN	Employee Name	Local No.	Job Class	REG HOURS	OT HOURS	DT HOURS
TOTALS						

PLEASE SUPPLY BUSINESS PHONE NO:

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

PENS/FX	\$11.15	x	_____	= \$	_____
DUES	\$2.56	x	_____	= \$	_____
TRAINING	\$0.09	x	_____	= \$	_____
INT DUES	\$0.86	x	_____	= \$	_____
VACATION ST	\$2.05	x	_____	= \$	_____
VACATION OT	\$3.08	x	_____	= \$	_____
VACATION DT	\$4.10	x	_____	= \$	_____
BUILDEND	\$0.60	x	_____	= \$	_____

TOTAL AMOUNT DUE \$ _____

SIGNED _____

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