

PL

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

Month	Hours Worked	Payment Due Date
Emp. CD or Contract #		
1010	587 PLASTERERS	

- 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

[illegible]

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

REMITTANCE COPY (RETURN WITH CHECK)

[illegible]

Grand Total

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

FOR OFFICIAL USE ONLY

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			587p1 - Plasterers Area 587			
SSN	Employee Name	Local No.	Job Class	REG HOURS	OT HOURS	DT HOURS
PLEASE SUPPLY BUSINESS PHONE NO:				TOTALS		

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

PENS/FX	\$11.15	x _____	= \$ _____
DUES	\$2.51	x _____	= \$ _____
TRAINING	\$0.09	x _____	= \$ _____
INT DUES	\$0.84	x _____	= \$ _____
BUILDFND	\$0.60	x _____	= \$ _____

TOTAL AMOUNT DUE \$_____

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

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