EFFECTIVE
6-1-16

PLUMBER AND PIPEFITTERS LOCAL No. 190

CONTRACTOR'S MONTHLY PAYROLL REPORT

OHIO GAS DISTRIBUTION

APPRENTICE HELPER ZONE II

Page No._____

Employer _____

Address _____ Zip Code _____

Telephone _____ Fax No. _____

THIS REPORT IS DUE THE 19TH OF EACH MONTH!

Employer's Report for Payroll Month Ending

_____

LIST ALL EMPLOYEES ALPHABETICALLY AND SHOW ONLY ACTUAL HOURS WORKED

1. EMPLOYEE'S NAME	2. Social Security Number	3. Straight Time Hours Worked	4. Time and One-Half Hours	5. Double Time Hours Worked	6. 401k Plan
	TOTALS				*

Final Report ☐

Health & Welfare Contribution	$7.99	$_____
I.H.R.A.	.65	$_____
Defined Benefit Pension	2.45	$_____
Defined Contribution Pension	.25	$_____
Dues Check-Off (Includes Dues Check-Off $.66, Bldg. Fund $.05 & Org. Fund $.10)	.81	$_____
Nat. Dist. Inc. Comm. & Prod. Program	.15	$_____
Ohio State Association	.02	$_____
Training Fund	.40	$_____
International Training Fund	.10	$_____
Scholarship Fund	.03	$_____
Total Hours .....at $12.85		$_____
401k - (Base Wage)		$_____ *
TOTAL FRINGE BENEFIT CHECK		$_____

Elected 401k is deducted and deposited at the straight time rate. You must have a Dues Check-Off form permitting the deduction, as it is being taken from the current employees pay.

Questions may be answered by contacting the Administrative Office at:

Telephone (888) 390-7473

www.ua190benefits.org

I certify that the information contained in the report is a full and accurate statement of all employees working under the jurisdiction of UA Local 190 Plumbers - Pipefitters - Service Technicians - Gas Distribution.

It is the contractor's responsibility to assure the payment is received no later than the 19th of each month. For information on payment procedures contact the number above.

The Employer named above agrees to be bound by all the provisions relating to fringe benefit funds contained in the collective bargaining agreements covering employees in the trade for which this report is made, for our employees in such trade, for the duration of such labor agreements, as well as the applicable trust agreements. The Employer further agrees that the undersigned has the authority to so bind the Employer with his or her signature.

_____

(Signature) (Date)

☐ Please Send Additional Forms

Send: ORIGINAL COPY with Check Payable To:
UA LOCAL 190 FRINGE BENEFIT PLANS
P.O. BOX 674074, DETROIT, MI 48267-4074

Overnight Address: **674074 Lockbox Department**
UA Local 190 Fringe Benefit Plans
39200 W. Six Mile Rd.
Livonia, MI 48152-4074