

**Argentia Lay Down Agreement**  
Employer Contribution Report

	Employee's Name	Social Insurance Number	Total Hours Worked	A. Total Hours Earned	B. Field Dues 2% or 4% of Gross Earning	C. \$38.00 Monthly Union Dues
	Last Name      First Name      Middle Initial					
IF YOU DID NOT HIRE ANY EMPLOYEES THIS MONTH WRITE "NIL" AND FORWARD THIS REPORT IN THE NORMAL MANNER EMPLOYERS WITH COMPUTERIZED REPORTS NEED NOT FILL IN THIS SECTION, THEY MUST COMPLETE THE REST OF THE FORM						
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Report for work month of _____ / _____ (Year)			Total This Sheet			
Note: Report for weekly payroll periods ending in above month This report is due by 15th of month following month worked			Totals All Sheets			

<b>Rate Chart</b>	<b>Welfare, Pension &amp; Industry - Cheque #1</b>	<b>Make Cheque #1 payable to:</b>
Welfare \$1.50	Welfare _____ x \$1.50/hr = \$ _____	Ironworkers Local 764 Pension & Benefit Trust Funds and mail with original copy to: Manion, Wilkins & Associates Ltd. 222 Rowntree Dairy Road Unit 4 (3rd floor) Woodbridge, ON L4L 9T2
Pension \$5.00	Pension _____ x \$5.00/hr = \$ _____	
Rate Stabilization Fund \$1.00	Industry _____ x \$0.60/hr = \$ _____	
App. Trn. Fund \$0.12	RSF _____ x \$1.00/hr = \$ _____	
Trade Improvement \$0.30	\$ _____	
I.W. Welder Testing \$0.30		
III (Impact) \$0.01		
<b>Ironworkers Local 764 Remittance - Cheque # 2</b>		<b>Make Cheque #2 payable to:</b>
Apprentice Training _____ x \$0.12/hr = \$ _____		Ironworkers Local 764 and mail a copy of this remittance to: Business Manager, FST Ironworkers Local 764 38 Sagona Avenue Mt. Pearl, NL A1N 4R3
I.W. Welder Testing & Upgrade _____ x \$0.30/hr = \$ _____		
Trade Improvement _____ x \$0.30/hr = \$ _____		
III (Impact) _____ x \$0.01/hr = \$ _____		
Monthly Dues (Total C - if applicable) \$ _____		
Field Dues (Total B) \$ _____		
<b>Total \$ _____</b>		
Please note that all remittances are based on hours earned with the exception of Industry (\$0.60) & RSF (\$1.00)		

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City or Town) (Province) (Postal Code)

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Day) (Month) (Year)

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_