

# Ironworker's Local 764

Provincial Agreement

Employer Contribution Report

Employee's Name			Social Insurance Number	Total Hours Worked	Total Hours Earned	A. Field Dues 2% or 4% of earnings gross	B. \$38.00 Monthly Union Dues
IF YOU DID NOT HIRE ANY EMPLOYEES THIS MONTH, WRITE "NIL" AND FORWARD THIS REPORT IN THE NORMAL MANNER							
Last Name	First Name	Middle Initial					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Report for the work month of _____/_____/_____ (year)				Total this Sheet			
				Total All Sheets			

This report is due by the 15th of month following month worked

<b>Rate Chart</b> Welfare \$1.50 Pension \$6.00 Rate Stabilization Fund \$1.00 App. Trn. Fund \$0.12 Trade Improvement \$0.30 I.W. Welder Testing \$0.30 Impact \$0.01 Industry Fund \$0.60	<b>Welfare, Pension &amp; Industry - Cheque #1</b> Welfare _____ x \$1.50/hr = \$ _____ Pension _____ x \$6.00/hr = \$ _____ RSF _____ x \$1.00/hr = \$ _____ Ind. BT _____ x \$0.30/hr = \$ _____ Ind. CLRA _____ x \$0.30/hr + hst = \$ _____ <b>Total</b> \$ _____	<b>Make Cheque #1 payable to:</b> 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
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<b>Ironworkers Local 764 Remittance - Cheque #2</b> Apprentice Training _____ x \$0.12/hr = \$ _____ I.W. Welder Testing & Upgrade _____ x \$0.30/hr = \$ _____ Trade Improvement _____ x \$0.30/hr = \$ _____ Impact _____ x \$0.01/hr = \$ _____ Field Dues Total (A) \$ _____ Monthly Dues Total (B) \$ _____ <b>Total</b> \$ _____	<b>Make Cheque #2 payable to:</b> Ironworkers Local 764 and mail copy of this remittance to: Ironworkers Local 764 38 Sagona Avenue Mount Pearl, NL A1N 4R3
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Please note that all remittances are based on hours earned with the exception of Industry (\$0.60) and RSF (\$1.00)

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

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

(City)

(Province)

(Postal Code)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No. \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_