

	Employee's Name	Social Insurance Number	Total Hours Worked	A. Total Hours Earned	B. Field Dues 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)

Note: Report for weekly payroll periods ending in above month.  
 This report is due by 15th of month following month worked

Total This Sheet  
 Totals All Sheets


<b>Rate Chart</b> Welfare \$1.50 Pension \$5.00 Rate Stabilization \$1.00 App. Trn. Fund \$0.12 Trade Improvement \$0.30 I.W. Welder Testing \$0.30 III \$0.01 Please note that all remittances are based on hours earned with the exception of Industry (\$0.60) and RSF (\$1.00)	<b>Welfare, Pension Industry - Cheque #1</b> Welfare _____ x \$1.50/hr = \$ _____ Pension _____ x \$5.00/hr = \$ _____ Industry _____ x \$0.60/hr = \$ _____ \$ _____	<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
<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 = \$ _____ III (Impact) _____ x \$0.01/hr = \$ _____ Rate Stabilization Fund (RSF) _____ x \$1.00/hr = \$ _____ Monthly Dues (Total C - if applicable) \$ _____ Field Dues (Total B) \$ _____  <p style="text-align: right;"><b>Total</b> \$ _____</p>		<b>Make Cheque #2 payable to:</b> 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

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

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

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

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

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

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