Project Agreement - Long Harbour

Employer Contribution Report

	Last Name	Employee's Name	Middle Initial	Social Insurance Number	Total Hours Worked	A. Total Hours Earned	B. Field Dues 4% of Gross Earning	C. \$38.00 Monthly Union Dues			
	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										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
	Report for wor	k month of	/	Total This Sheet							
		For weekly payrill periods endir s due by 15th of month follow		Totals All Sheets							

Rate Chart		Welfare, Pension	Industry - Cheque #1	Make Cheque #1 payable to:	
Welfare	\$1.50		• •	Ironworkers Local 764 Pension &	
Pension	\$5.00	Welfarex \$1.50/hr =	\$	Benefit Trust Funds and mail with	
Trade Promotion Fund				original copy to:	
App. Trn. Fund	\$0.12			Manion, Wilkins & Associates Ltd.	
Trade Improvement	\$0.20	Pensionx \$5.00/hr =	\$	222 Rowntree Dairy Road	
I.W. Welder Testing	\$0.15			Unit 4 (3rd Floor)	
I.I.I.	\$0.01			Woodbridge, ON	
Industry Fund	\$0.30		\$	L4L 9T2	
Diversity Fund	\$0.20				
Canadian BTF	\$0.01				
NL Health Care Fund	\$0.05				
Ironworkers Local 764	Remit	tance - Cheque # 2		Make Cheque #2 payable to:	
Trade Promotion Fund		x \$1.00	/hr = \$	Ironworkers Local 764 and mail a	
Apprentice Training			/hr = \$	copy of this remittance to:	
I.W. Welder Testing & U	Jpgrade		/hr = \$	Business Manager, FST	
Trade Improvement		x \$0.20	/hr = \$	Ironworkers Local 764	
III (Impact)			/hr = <u>\$</u>	38 Sagona Avenue	
Monthly Dues (Total C	- if appl	icable)	\$	Mt. Pearl, NL	
Field Dues (Total B)			<u>\$</u> \$	A1N 4R3	
Monthly Union Dues (T	otal C)		\$		
Per Welding Ticket		x \$500	=\$		
		Tota	.1 \$		
Resource Developmen	nt Coun	cil - Cheque # 3		Make Cheque #3 payable to:	
RDC Fund		-	/hr = \$	Resource Development Trades	
Diversity Fund				Council of NL and mail a copy of	
Canadian Building Trade	es Fund	x \$0.01/hr = \$		this remittance to:	
NL Health Care Fund		x \$0.05/hr = \$		78 Brookfield Road	
		= \\ \(\sigma \cdot	11	St. John's, NL	
		Tota	1 \$	A1E 3T9	

*Please note all calculations are based on hours earned

Employer's Name:			
Address:			
(Number & Street)			
(City or Town)	(Province)	(Postal Code)	
Signed By:	Date:		
	(Day)	(Month)	(Year)
Telephone ()	Fax ()		
Email Address:			