Ironworkers Local 764 Marshall Industries Agreement Employer Contribution Report

	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 Fi	irst Nan	ne Middle Initial	Tumber	worked	Larried	Darining	Dues	
IF YOU DID NOT HIRE ANY EMPLOYEES THIS MONTH WRITE "NIL" AND FORWARD THIS REPORT IN THE NORMAL MANNER									
1	EMPLOYERS WITH C	OMPUTEI	RIZED REPORTS NEED NOT FIL	L IN THIS SECTION, THEY	MUST COMP	LETE THE RE	EST OF THE FOR	M	
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13									
14 15									
15	Report for work mont	h of	/	1	i				
	Transfer work mont		/ (Year)	Total This Sheet					
	Note: Bopart for mo-1-1-	o poveill acc	iods ending in above month						
			nth following month worked	Totals All Sheets					
	Rate Chart		Welfare, Pension &	Industry - Cheque	#1	Make C	Cheque #1 pa	ayable to:	
	Welfare	# 1.00				Ironworkers Local 764 Pension &			
	Pension	\$5.00	Welfarex \$1.50/hr =	\$			rust Funds an	d mail with	
	Trade Promotion Fund App. Trn. Fund	\$1.00 \$0.12				original co Manion W		ogiatos I td	
	App. Irn. Fund $\$0.12$ Trade Improvement $\$0.20$ Pensionx $\$5.00/hr =$			Manion, Wilkins & Associates L 222 Rowntree Dairy Road					
	I.W. Welder Testing	\$0.15	r ension k ψ3.007 m	Ψ		Unit 4 (3rd	•	au .	
	III		Industryx \$0.60/hr =	\$		Woodbrid	,		
						L4L 9T2	-		
				\$					
	Ironworkers Local 764	Remit	tance - Cheque # 2	¥		Make C	Cheque #2 pa	avable to:	
			I			Ironworkers Local 764 and mail a			
	Apprentice Training	/hr =\$	copy of this remittance to:						
	I.W. Welder Testing & U	hr =\$	Business Manager, FST						
	Trade Improvement	hr =\$							
	III (Impact)x \$0.01/hr =\$\$					38 Sagona Avenue Mt. Pearl, NL			
	Monthly Dues (Total C - if applicable) \$					A1N 4R3	INL		
				φ					
	Total s								
			are based on hours earned						
	with the exception of In	dustry (\$0.60) & TPF (\$1.00)						
	Employer's Name:								
	Address:								
	(Number & Street)								
	(City or Town)				(Province)	(Postal Code)			
	Signed By:				Date:				
						(Day)	(Month)	(Year)	
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,	Telephone ()			-	Fax ()				
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	Email Address:								