

MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund  
 75 Remittance Drive Suite 3163  
 Chicago IL 60675-3163  
 888-770-9297

ACCOUNT NO.  
 J/297RES  
 FOR OFFICIAL USE ONLY

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work of the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

- Please check here
- No work this month
  - FINAL report
  - Send more forms
  - Change of address
  - Change in name

PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES

JOB LOCATION	CODE 297 RESIDENTIAL CM PL SHOP	WORK MONTH June, 2018
--------------	------------------------------------	--------------------------

SSN	Employee Name	Local No.	Job Class	REG HOURS	OT HOURS	DT HOURS
			JRY			
			JRY			
			JRY			
			JRY			
			JRY			
			JRY			
			JRY			
TOTALS						

PLEASE SUPPLY BUSINESS PHONE NO:

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS.

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

REPORTS ARE DUE BY THE 15th OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES.

- 02 PENSION/FOX
- 04 DUES
- 12 TRAINING
- 13 INT DUES

JOURNEYMAN

\$ 3.50 x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ 1.07 x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ 0.09 x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ 0.36 x \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

SIGNED \_\_\_\_\_  
 MAKE ONE CHECK PAYABLE TO:  
 FOX VALLEY & VICINITY CONSTR.  
 WORKERS BENEFIT FUNDS

Construction Industry  
 PO Box 33770  
 Detroit, MI 48232-3770  
 Phone (815) 399-0800 Fax (847) 519-1979

Please check all information below. If any changes please make corrections.

CIRPCT

Payments received after the 25th are assessed 10% liquidated damages.  
 Please allow 5-7 business days for delivery of mail.

month hours worked                      Payment Due Date  
 Emp Cd or Contract #

6051                      LOCAL 11/297-858 RESIDENTIAL

- 1) Report **ALL HOURS** worked each month per member and any fractions. (Do not round off hours to whole numbers). **ALL HOURS** reported are for hours worked from the 1st day of each month through the last day of each month.
- 2) Add **ALL HOURS** under column: "TOTAL HOURS".
- 3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".
- 4) Then add all figures under this column "TOTAL \$ DUE" and record this amount in box "GRAND TOTAL".

- 5) If **NO WORK** performed for month: please check **NO WORK BOX** and return a copy to CONSTRUCTION INDUSTRY FUNDS. If no longer working in area, please check **FINAL REPORT BOX**.
- 6) Make check payable to: CONSTRUCTION INDUSTRY  
 P.O. BOX 33770 Detroit, MI 48232-3770

FINAL RPT

NO WORK

\_\_\_\_\_  
 Signature

SSN	NAME	LOCAL #	TOTAL HOURS

TOTALS

PLEASE LINE OUT any member no longer employed AND ADD any new members hired during this period.

REMITTANCE COPY (RETURN WITH CHECK)

RATE CODE	HOURLY RATE	TOTAL HOURS REPORTED	TOTAL \$ DUE
CIAP            APPRENTICESHIP	\$0.50	X	=
CIWFR            CONST IND WELFARE FUND	\$10.35	X	=

Grand Total

\_\_\_\_\_