

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
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	CODE 587 CEMENT MASONS JOURNEYMAN	WORK MONTH
JOB LOCATION		

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

PLEASE SUPPLY BUSINESS PHONE NO:	TOTALS			
----------------------------------	--------	--	--	--

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.

JOURNEYMAN

02	PENSION/FOX	\$ 4.70 x _____ = \$ _____
04	DUES	\$ 1.98 x _____ = \$ _____
12	TRAINING	\$ 0.09 x _____ = \$ _____
13	INT DUES	\$ 0.66 x _____ = \$ _____
14	VACATION ST	\$ 1.55 x _____ = \$ _____
14	VACATION OT	\$ 2.33 x _____ = \$ _____
14	VACATION DT	\$ 3.10 x _____ = \$ _____

TOTAL AMOUNT DUE	\$
------------------	----

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

