

EMPLOYER'S CONTRIBUTION REPORT - OTHER THAN CONSTRUCTION Operating Engineers Local 825 Benefit Funds

Operating Engineers Local 825 Benefit Funds 65 Springfield Avenue, Second Floor, Springfield, NJ 07081 (973) 671-6800

PLEASE TYPE or PRINT Use Ball Point Pen

FOR FUND USE ONLY												
Reference No Date Rec'd						Address						
Mailing No Acct. No											i	
Check No. Rate				Contact Person								
CHECK NO.		nate				Telephor	ne No		••••••	•••••••		
1.	PAYROLI	PERIOD FROMMonth	Day	· Ye	TO_ ear	Mor	nth [Day Y	ear			
2.	TOTAL H	OURS	_									
3.	TOTAL WAGES (Circle either per hour or per month)											
4.	SUB FUND (per Agreement)				per h	our/per i		\$				
5.	WELFAR		per hour/per month									
6.	PENSIO		per hour/per month					\$				
7.	SAVINGS	per hour/per month					\$					
8.	APPRENTICE FUND (per Agreement)				per hour/per month					\$		
9.	ANNUITY	Y FUND (per Agreement)	per hour/per month					······\$				
			Subtotal (4 - 9 above)					\$				
10.	POLITICAL ACTION				per hour/total hours paid					\$		
11.	WORKIN	IG ASSESSMENT	% gross wages									
12.	Subtotal (10 and 11 above) \$ GRAND TOTAL (4 - 11 above) MAKE CHECK PAYABLE TO: Operating Engineers Local 825 Benefit Funds \$											
Aç Lo by Th bii ea pe of	greements a ocal 825 SUI or reference had the EMPI ornings paid orforming ba employees	SIGNED, on behalf of the Emplored Declarations of Trust, as mader, Welfare, Pension, Savings, Anderein and made a part hereof. SIGNED certifies that he or she over to the terms and condition to all covered employees; and transpaining unit work pursuant to the who more often than not performating, office or clerical work, or	is a duly s set forth that the e he collect	ne to time Training authorize herein; t mployees tive barga ther than	e be resta and Retra ed represa that the ir is listed be tining agr operating	ted and a aining, an entative o formation flow are e eement a g enginee	amended, and Annuity of the Emp an set forth engaged b and that no ers' work, s	establishing Funds, whice sloyer with accumulation accumulation to contribution such as man	the Operating the are expressly citual or implied trately reflects a yer for the primes are being relagement of the	Engineers y incorpor authority all hours a ary purpo mitted on	ated to nd se of behalf	
Authorized Signature:					Title:					Date:		
Employee Security		Employee's Full Name	2 Shift	HOUF Straight Time	RS WORK Time & Half	ED Double Time	3 TOTAL HOURS PAID	4 Hourly Rate	5 Total Earnings	6 Working Assess. 1.5% of Col. 5	7 Political Action 3¢ per hour	
				·····								
			-									
						<u> </u>						
			-									