

Contributing Employer _____

Report for Month of: _____

Area: _____

Authorized Signature: _____

Email: _____

Please report Employee DETAILS on reverse side of Form

WELFARE	_____	X	_____	=	_____	A	
	Hours		Rate				
					_____	B	
					Add 8% PST on A		
OCCUPATIONAL HEALTH & SAFETY	_____	X	_____	=	_____	C	
	Hours		Rate				
LEGAL FUND	_____	X	_____	=	_____	D	
	Hours		Rate				
SCHOLARSHIP FUND	_____	X	_____	=	_____	E	
	Hours		Rate				
INDUSTRY/EMPLOYER FUND	_____	X	_____	=	_____	F	
	Hours		Rate				
					_____	G	\$ _____
					Add 13% HST on F		A + B + C + D + E + F + G

*Please make cheque payable to **LABOURERS LOCAL 837 BENEFITS FUND**, 44 Hughson St S, Hamilton, ON L8N 2A7*

MONTHLY DUES	_____	X	_____	=	_____	R	
	Total Employees		Amount				
WORKING DUES (Admin Fund)	_____	X	_____	=	_____	S	
	Gross Earnings / Hours		Rate				
TRAINING FUND	_____	X	_____	=	_____	T	\$ _____
	Hours		Rate				R + S + T

*Please make cheque payable to **LIUNA LOCAL 837**, 44 Hughson St S, Hamilton, ON L8N 2A7*

VACATION PAY	_____	X	_____ %	=	—————→	\$ _____
	Gross Earnings		VP Rate			

*Please make cheque payable to **LABOURERS LOCAL 837 VACATION PAY TRUST**, 44 Hughson St S, Hamilton, ON L8N 2A7*

PENSION	_____	X	_____	=	_____	X	
	Hours		Rate				
TRI-FUND	_____	X	_____	=	_____	Y	
	Hours		Rate				
O.P.D.C.	_____	X	_____	=	_____	Z	\$ _____
	Hours		Rate				X + Y + Z

*Please make cheque payable to **LABOURERS PENSION FUND OF CENTRAL & EASTERN CANADA** and MAIL directly to
PO Box 9002, Lakeshore West PO, Oakville, ON L6K 0G1*

LiUNA Local 837

Contributing Employer _____

Report for Month of: _____

If no members of Local 837 were employed during the month, please write "Nil", and forward your report in the normal manner

Employee's Name	Employee's SIN	Total HOURS Worked	Gross Earnings	Monthly Dues	Working Dues	Vacation Pay
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

TOTALS

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