

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  
**A + B + C + D + E**  
*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*

**INDUSTRY/EMPLOYER FUND** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ **P**  
Hours Rate  
 \_\_\_\_\_ **Q** \$ \_\_\_\_\_  
Add 13% HST on P  
**P + Q**  
*Please make cheque payable to (and MAIL directly to) the **association** as required under your Collective Agreement*

# 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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