

Contributing Employer: _____

Report for Month of: _____

Collective Agrmt ('CA'): _____

Email: _____

CA Schedule : _____ Board Area Working: _____

Work Performing: _____

WELFARE & BENEFITS

_____	X	_____	=	_____	A
Hours		Rate			
				_____	B
				Add 8% PST on A	
				_____	C
				_____	D
				_____	E
				_____	F
				_____	G
				Add 13% HST on F	
				_____	A + B + C + D + E + F + G
					\$ _____

Please make cheque payable to **LABOURERS LOCAL 837 BENEFITS FUND**, 301-27 Jackson St E, Hamilton, ON L8P 2Y9

MONTHLY DUES

_____	X	_____	=	_____	R
Total Employees		Amount			
				_____	S
				_____	T
				_____	R + S + T
					\$ _____

Please make cheque payable to **LIUNA LOCAL 837**, 301-27 Jackson St E, Hamilton, ON L8P 2Y9

VACATION PAY

_____	X	_____ %	=	_____	\$ _____
Gross Earnings		VP Rate			

Please make cheque payable to **LABOURERS LOCAL 837 VACATION PAY TRUST**, 301-27 Jackson St E, Hamilton, ON L8P 2Y9

PENSION

_____	X	_____	=	_____	W
Hours		Rate			
				_____	X
				_____	Y
				_____	Z
				_____	W + 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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