

# LiUNA Local 837

## EMPLOYER CONTRIBUTIONS

Due by the 15th of the Following Month

Contributing Employer: \_\_\_\_\_

Report for Month of: \_\_\_\_\_

Collective Agrmt ('CA'): \_\_\_\_\_

Email: \_\_\_\_\_

CA Schedule : \_\_\_\_\_ Board Area Working: \_\_\_\_\_

Work Performing: \_\_\_\_\_

<b>WELFARE &amp; BENEFITS</b>	_____	X	_____	=	_____	<b>A</b>
	Hours		Rate			
					_____	<b>B</b>
					Add 8% PST on <b>A</b>	
<b>RETIREE FUND</b>	_____	X	_____	=	_____	<b>C</b>
	Hours		Rate			
					_____	<b>D</b>
					Add 8% PST on <b>C</b>	
<b>OCCUPATIONAL HEALTH &amp; SAFETY</b>	_____	X	_____	=	_____	<b>E</b>
	Hours		Rate			
<b>LEGAL FUND</b>	_____	X	_____	=	_____	<b>F</b>
	Hours		Rate			
<b>SCHOLARSHIP FUND</b>	_____	X	_____	=	_____	<b>G</b>
	Hours		Rate			
						<b>\$</b>
						<b>A+B+C+D+E+F+G</b>

Please make cheque payable to **LABOURERS LOCAL 837 BENEFITS FUND**, 170 Jackson St E, Hamilton, ON L8N 1L4

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

Please make cheque payable to **LIUNA LOCAL 837**, 170 Jackson St E, Hamilton, ON L8N 1L4

<b>VACATION PAY</b>	_____	X	_____ %	=	_____	<b>\$</b>
	Gross Earnings		VP Rate			

Please make cheque payable to **LABOURERS LOCAL 837 VACATION PAY TRUST**, 170 Jackson St E, Hamilton, ON L8N 1L4

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

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

<b>INDUSTRY/EMPLOYER FUND</b>	_____	X	_____	=	_____	<b>P</b>
	Hours		Rate			
					_____	<b>Q</b>
					Add 13% HST on <b>P</b>	
						<b>\$</b>
						<b>P+Q</b>

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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