

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

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

Authorized Signature: \_\_\_\_\_

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

Please report Employee DETAILS on reverse side of Form

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