## EMPLOYERS COMBINED MONTHLY REPORT FOR INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL #542

REPORT FOR THE MONTH ENDING: MM/DD/YY			JOINT FUNDS		*Pinpoint		
EMPL	OYEE NAME	SOCIAL	-	HOURS	GROSS	@.	HOURS
LAST	FIRST	SECURITY#	Dist.	WORKED	WAGES	\$.50/hour	PAID
Doe	John	123-45-6789	5	168.00	\$6,001.12	\$86.00	172.0
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			<u> </u>				
			-				->
				160 Strai	aht Time Pl	us 8 Hou	rs
- table to 14				160 Straight Time Plus 8 Hours @ Time and a Half (or 12 Hours)			
				Equals 172 Hours Paid			
			1	Indune :	za nomo re	ain.	
				Equais	ZIOUISIC	aid	
				Equato	72 (IOUIS) C	114	
				Lquato	721104131	114	
						11 <b>U</b>	
	Sample I	Delaware Building	Heavy			114	
	Sample I	Delaware Building	Heavy			110	
	Sample I	Delaware Building	Heavy			114	
	Sample D	Delaware Building	Heavy			110	
	Sample I	Delaware Building	Heavy			114	

		*SURCHJ	ARGES		
Wage	Contract	Wel./Appr.	Welfare	SUB	SUB
Group	Code	Rate/hour	Amount	Rate/hr.	Amount
	DE	\$5.58	\$959.76	n/a	n/a
a weareness #4. * * * *					
			<del></del>		,
	See Si	ırcharge	Schedule	for	
			ent Wage		S
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	**ANNUI	ΓY	*IND. ADV.
HRS. @	HRS. @	TOTAL	FUND@
\$5.00		ANN, AMT.	\$0.15/HR
168.00	- Long production	\$840.00	n/a
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	-/		
168.00		\$840.00	n/a

* Calculated	on	<b>Hours</b>	Paid
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<sup>\*\*</sup> Calculated on Hours Worked

Contribution Due	Amt. Paid	Over/Under	Fund		
Seafinehall II IV			Pen,	10.5%	MAIL THIS REPORT
			Wel,	16.0%	WITH REMITTANCES TO:
		1	Appr.	1.0%	I.U.O.E. 542
		T-14 (66/M/F)	SUB	2.0%	BENEFIT FUNDS
			Ann.	YES	P.O. BOX 1477
		·	Surch,	YES	
			C/off	3.9%	FORT WASHINGTON
			H/H		PA 19034

CONTRIBUTION CALCULATION				
Gross Wages: \$6,	001.12 X			
	29.50%	\$1,770.33		
Total Welfare Surcha	rge:	\$959.76		
Annuity Total:		\$840.00		
Pinpoint Contribution:		\$86.00		
*GRAND TOTAL BE	NEFIT FUNDS:	\$3,656.09		
**Dues Check-Off@	3.90%	\$234.04		
***Ind. Advancement	Fund @ 0,15/hr.	n/a		

The undersigned employer agrees to be bound by the terms and
conditions of the existing Collective Bargaining Agreement and the
Trust Agreement as presently constituted and as since been
amended. The undersigned affirms that he/she is authorized to
execute this document and in behalf of the contributing employer.

Signed by		
Date		