

EMPLOYER CONTRIBUTIONS ARE
DUE AND PAYABLE BY:
08/15/2024

AND ARE DELINQUENT
IF RECEIVED AFTER THE 20th:
08/20/2024

WORK MONTH:
JULY 2024

(2)

JANFEBMARAPRMAYJUNJULYAUGSEPOCTNOVDEC

REPORTS HAVE NOT
BEEN RECEIVED FOR THE
WORK MONTHS INDICATED

RT: 02440

REPT #: ADDTL

ER #: 23456

Social Security Number (3)	Employee Last Name (4)	First Name	Flat Rate Amount (5)	Straight Time Hours (6)	Time & 1/2 Hours (7)	Double Time Hours (8)	Full Fringe Hours (6)+(7)+(8) (9)	OT/DT Hours [0.5 x (7)] + (8) (10)	Full Fringe & OT/DT Hours (9) + (10) (11)			
										Full Fringes	Hourly Rate	
SAMPLE										PENSION	15.00	
										H/W	20.00	
										TRAINING	2.85	
										RET FUND	1.60	
										401(a)	8.00	
										CNTC ADMN	0.30	
										HRA	0.75	
										LM	0.05	
										Total Hourly Rate (19)		48.55
										Total Full Fringe (20) (16x19)		
											Hourly Rate	
										401(a)	8.00	
HRA	0.75											
									Complete (21) and (22) only when reporting OT/DT			
									Total Hourly Rate (21)			
									Total (22) (17x21)			
										Hourly Rate		
Total Hours Per Column			(12)	(13)	(14)	(15)	(16)	(17)	(18)	WORK DUES	2.87	

NOTICE: THIS REPORT MUST BE RETURNED IF YOU HAVE NO EMPLOYEES - WRITE "NONE", SIGN AND RETURN IN THE ENCLOSED ENVELOPE.

The employer certifies under the penalty of perjury that the information contained herein is correct, that all hours worked or paid during the period covered are reported herein, and that if it has not already done so, agrees to be bound by all of the terms of UA Local 342's collective bargaining agreement(s) covering the type and kind of work the employer performs and which establishes the fringe benefit contribution rates set forth herein, and agrees to be bound by all of the terms of the trust agreements including the provisions therein for liquidated damages, attorneys fees and interest as required by section 302(C)(5)(B) of the National Labor Relations Act and ERISA and states that all payments reported herein are made in accordance with the collective bargaining agreement(s) and applicable trust agreements and that it authorizes the depository bank to transfer the monies remitted herewith to the appropriate funds in accordance with the instructions issued by the trustees thereof. The undersigned certifies under the penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such employer.

Signature _____ Print Name _____ Title _____

Date _____ Phone _____ Email _____

(27) SEE BACK OF ECR FOR INSTRUCTIONS
ON COMPLETING THIS FORM AS WELL
AS REPORT AND PAYMENT SUBMISSION

Use Area Below to Compute
Total Payments on this Page.

Page Total (25)
(12+20+22+24)