United Cement Masons' Union

LOCAL No. 780

OF GREATER NEW YORK AND LONG ISLAND



of the O.P. & C.M.I.A. of United States and Canada 150-50 14TH ROAD, SUITE 4, WHITESTONE, NEW YORK 11357

Phone (718) 357-3750 Fax (718) 357-2057



502

Re: Wage / Benefit Increase as of July 1, 2017

To Whom It May Concern:

Enclosed please find the new wage rates as of July 1, 2017 – June 30, 2018

Fraternally yours,

Michael Rendina President

Gino Castignoli
Financial Secretary/Business Manager

GC:ddr ENCLOSURES

> MICHAEL RENDINA President • GINO CASTIGNOLI Fin. Secy/Bus. Manager Business Agents ROBERT BERTUZZI • EDDIE BARBARIA • FRANK MARTORANO

Affiliated with the Building Trades Department of the American Federation of Labor, - New York State Building and Construction Trades Council, - Building and Construction Trades Council of Greater New York City and Vicinity, - Nassau and Suffolk Counties Building Trades, - Building and Construction Trades of Westchester and Putnam Counties, - The Bronx, Brooklyn, Manhattan, Queens and Staten Island Boards of Business Agents, - New York State Federation of Labor, - Concrete Trades Alliance of Greater New York, - New York State, Massachusetts, Rhode Island Conference of the O.P. & C.M.I.A., the NorthEast Conference of the O.P. & C.M.I.A. - Building and Construction Trades Council of Rockland County - The Concrete Alliance, Inc.



Michael Rendina, President
Business Agents
Robert Bertuzzi
Edward Barbaria
Frank Martorano
United Cement Masons' Union

Local 780, O.P. & C.M.I.A.

Affiliated With American Federation of Labor CEMENT LEAGUE & ASSOCIATIONS OF

Gino Castignoli 150-50 14th Road – Suite 4 Fin. Secretary/Bus. Manager Whitestone, N.Y. 11357 Hours 7:30 A.M. – 3:30 P.M.

Phone: 718-357-3750 Fax: 718-357-2057

WEB SITE - UNION780.ORG

July 1, 2017 – June 30, 2018

The \$2.85 Check-off & \$0.84 Int.Check-off will be paid to Local 780 for every straight & overtime hour worked

Check-off	\$	2.85	per Hour	
Int.Check-off	\$.84	per Hour	
Vacation	\$	7.00	per Hour	
Trust	\$1	1.46	per Hour	
Pension	\$	9.00	per Hour	
APPR	\$		per Hour	
I.A.P.	\$.32	per Hour	
Annuity	\$1	1.50	per Hour	
780 LMT	\$.15	per Hour	
TOTAL	\$4	13.72	per Hour	

Over Time shall be paid at the rate of one & one half for the first 2 hours (Double time after)

Saturday shall be paid at the rate of one & one half for the first 10 hours (Double time after 10 hours)

Sunday & Recognized Holidays will be paid at double time.

Pension & Trust will be paid at double time for every over time hour worked.

(OVER)

WAGE SCALE AS OF July 1, 2017 to June 30, 2018

Recognized Holidays in addition to Saturday & Sunday
New Years Day, Columbus Day, President's Day, Election Day (in Presidential years),
Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day & Christmas Day
(Subject to change with notice)

Over Time shall be paid at the rate of one & one half for the first 2 hours (Double time after)

Saturday shall be paid at the rate of one & one half for the first 10 hours (Double time after 10 hours)

Sunday & Recognized Holidays will be paid at double time.

Pension & Trust will be paid at double time for every over time hour worked.

Including \$2.85 Check-off
Including \$0.84 Int. Check-off
Including \$7.00 per hour Vacation

Hours Wages	Hours Wages
1 – \$ 50.97	21 – \$ 1,070.37
2 – \$ 101.94	22 – \$ 1,121.34
3 – \$ 152.91	23 – \$ 1,172.31
4 – \$ 203.88	24 – \$ 1,223.28
5 – \$ 254.85	25 – \$ 1,274.25
6 – \$ 305.82	26 - \$ 1,325.22
7 – \$ 356.79	27 – \$ 1,376.19
8 – \$ 407.76	28 – \$ 1,427.16
9 – \$ 458.73	29 - \$ 1,478.13
10 - \$ 509.70	30 - \$ 1,529.10
11 – \$ 560.67	31 – \$ 1,580.07
12 – \$ 611.64	32 – \$ 1,631.01
13 – \$ 662.61	33 – \$ 1,682.01
14 – \$ 713.58	34 – \$ 1,732.98
15 – \$ 764.55	35 – \$ 1,783.95
16 – \$ 815.52	36 – \$ 1,834.92
17 – \$ 866.49	37 – \$ 1,885.89
18 – \$ 917.46	38 – \$ 1,936.86
19 – \$ 968.43	39 – \$ 1,987.83
20 - \$1,019.40	40 – \$ 2,038.80
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Phone: (516)775-2280 Fax: (516)775-4064

Remittance Report for Cement League & Other Associations, Effective July 1, 2017	Remittance Report f	or Cement League &	Other Associations	. Effective July 1, 2017:
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Straight (A)			Overtime(B)			Double Time (C)	
	ST			ОТ			DT
Trust	\$11.46		Trust	\$22.92		Trust	\$22.92
Pension	\$9.00		Pension	\$18.00		Pension	\$18.00
Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70
Int. Check Off	\$0.84		Int. Check Off	\$1.26		Int. Check Off	\$1.68
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00
Annuity	\$11.50		Annuity	\$17.25		Annuity	\$23.00
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30
Total	\$43.72		Total	\$75.82		Total	\$87.44
Total Hours:			Total Hours:			Total Hours:	
Amount Due:		•	Amount Due:			Amount Due	
(A) \$			(B) \$			(C)\$	
Total Due=			Make one check payable to				
A+B+C			Cement Masons	Local 780	Frii	nge Benefit Funds	
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The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Cement League, including, without limitation, Article VI of the CBA addressing contributions to be made to the Cement Masons' Local 780 Fringe Benefit Funds (the "Funds"). A copy of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID#_____
All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORTEMPLOYERS NAME: _____ EMPLOYERS ADDRESS: _____
JOB LOCATION

WEEK ENDING_____

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	•				
	Total Hours				
	<u>x Rate</u>		\$43.72	\$75.82	\$87.44
	Amount due:				

The above Statements are warrante	d to be true and correct	
Signature of Corporate Officer		Print Name
By signing this form, you expressly ack	nowledge that you are an authorized re	presentative of the Employer and have the authority to legally
aind the Employer, **THIS FORM MUS	ST BE SIGNED AND COMPLETED OR THE	FUND OFFICE WILL NOT ACCEPT THE BENEFITS**

Effective July 1, 2017 to June 30, 2018, in addition to the stipulated wages, there shall be: (i) contributions made to the Cement Masons Local 780 Trust Fund, Pension Fund, Annuity Fund, Apprenticeship Fund, Vacation Fund (the "Funds"), the Cement League Advancement and Promotion Fund (the "CLAPF"), the Cement League (the "League"), the Local 780 Labor Management Trust Cooperation (the "Local 780 LMTC"); and (ii) dues paid to Local 780 (the "Union" and collectively with the Funds, the CLAPF, the League and the Local 780 LMTC, the "Funds and Entities")) by Union Dues Check off (paid weekly).

All independent Employers or contractors (i.e., contractors that are not members of an association that is signatory to a collective bargaining agreement with the Union) and those not covered by the "principal agreement" will pay \$0.60 per hour in addition to the required amount of fringe benefit contributions due to the Funds and Entities in order to, among other things, defray the costs of administration of the Funds. If an Association Employer leaves its Association or is no longer a member in good standing with its Association, or is delinquent for 2 months, a \$0.60 per hour Funds contribution increase to match the independent agreement administration cost of the Funds shall be paid by the Employer.

A single check covering the combined contributions due to the above-mentioned Funds and Entities shall be made payable to the "Cement Masons' Local 780 Fringe Benefit Funds." This check, along with a completed and signed remittance report, must be submitted to the shop steward or Cement Mason on the job on the employees' regular pay day, who shall in turn verify the correctness of the amount and the number of employees and submit the check and report to the Funds Office. Where an employee is laid off and receives his wages other than on the employee's regular pay day, said employee shall also be given a check to cover the contributions due to the Funds and Entities. If there are no reportable hours worked by a Cement Mason during any given week, the Employer is obligated to submit directly to the Fund office a remittance report to the Fund office indicating that there are no reportable hours for the week.

Failure by the shop steward or employee to immediately (but in no event later than three calendar days after pay day) forward said check or checks to the Fund Office shall subject the employee to such penalties as in the judgment of the Trustees is warranted.

Failure by the Employer to issue said check and remittance report (even in the event that no contributions are due for the applicable week) shall be cause for the Union to remove employees covered by this Agreement from the work of such Employer. If such men who are removed remain at the job site during regular working hours, they shall be paid for lost time not to exceed three days' pay.

In the event the Employer does not make timely payment of contributions as required herein, it is agreed that the Employer shall be liable for the payment of such contributions and dues checkoffs with interest of ten (10%) percent per annum plus liquidated damages of twenty (20%) percent per annum of the amount owing and all costs including, but not limited to, reasonable audit and accounting expenses, witness costs, attorneys' fees and court costs. These amounts may be billed to a delinquent Employer and are due once billed, even if an audit has not been completed or conducted.

The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

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Remittance Report for Cement League & Other Associations, Effective July 1, 2017	Remittance Report f	or Cement League &	Other Associations	. Effective July 1, 2017:
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Straight (A)			Overtime(B)			Double Time (C)	
	ST			ОТ			DT
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Pension	\$9.00		Pension	\$18.00		Pension	\$18.00
Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70
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Total	\$43.72		Total	\$75.82		Total	\$87.44
Total Hours:			Total Hours:			Total Hours:	
Amount Due:		•	Amount Due:			Amount Due	
(A) \$			(B) \$			(C)\$	
Total Due=			Make one check payable to				
A+B+C			Cement Masons	Local 780	Frii	nge Benefit Funds	
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EMPLOYER FEDERAL ID#_____
All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORTEMPLOYERS NAME: _____ EMPLOYERS ADDRESS: _____
JOB LOCATION

WEEK ENDING_____

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	•				
	Total Hours				
	<u>x Rate</u>		\$43.72	\$75.82	\$87.44
	Amount due:				

The above Statements are warrante	d to be true and correct	
Signature of Corporate Officer		Print Name
By signing this form, you expressly ack	nowledge that you are an authorized re	presentative of the Employer and have the authority to legally
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JOB LOCATION

WEEK ENDING_____

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			Hours	Hours	Hours
	•				
	Total Hours				
	<u>x Rate</u>		\$43.72	\$75.82	\$87.44
	Amount due:				

The above Statements are warrante	d to be true and correct	
Signature of Corporate Officer		Print Name
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EMPLOYER FEDERAL ID#_____
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JOB LOCATION

WEEK ENDING_____

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			Hours	Hours	Hours
	•				
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Signature of Corporate Officer		Print Name
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In the event the Employer does not make timely payment of contributions as required herein, it is agreed that the Employer shall be liable for the payment of such contributions and dues checkoffs with interest of ten (10%) percent per annum plus liquidated damages of twenty (20%) percent per annum of the amount owing and all costs including, but not limited to, reasonable audit and accounting expenses, witness costs, attorneys' fees and court costs. These amounts may be billed to a delinquent Employer and are due once billed, even if an audit has not been completed or conducted.

The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Phone: (516)775-2280 Fax: (516)775-4064

Remittance Report for Cement League & Other Associations, Effective July 1, 2017	Remittance Report f	or Cement League &	Other Associations	. Effective July 1, 2017:
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Straight (A)			Overtime(B)			Double Time (C)	
	ST			ОТ			DT
Trust	\$11.46		Trust	\$22.92		Trust	\$22.92
Pension	\$9.00		Pension	\$18.00		Pension	\$18.00
Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70
Int. Check Off	\$0.84		Int. Check Off	\$1.26		Int. Check Off	\$1.68
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00
Annuity	\$11.50		Annuity	\$17.25		Annuity	\$23.00
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30
Total	\$43.72		Total	\$75.82		Total	\$87.44
Total Hours:			Total Hours:			Total Hours:	
Amount Due:		•	Amount Due:			Amount Due	
(A) \$		(B) \$	(B) \$			(C)\$	
Total Due=			Make one check payable to				
A+B+C Cement Masons' Local 780 Fringe Benefit Funds							
The Casalacian I	la .aa. laa	-1					

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Cement League, including, without limitation, Article VI of the CBA addressing contributions to be made to the Cement Masons' Local 780 Fringe Benefit Funds (the "Funds"). A copy of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID#_____
All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORTEMPLOYERS NAME: _____ EMPLOYERS ADDRESS: _____
JOB LOCATION

WEEK ENDING_____

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	•				
	Total Hours				
	<u>x Rate</u>		\$43.72	\$75.82	\$87.44
	Amount due:				

The above Statements are warrante	d to be true and correct	
Signature of Corporate Officer		Print Name
By signing this form, you expressly ack	nowledge that you are an authorized re	presentative of the Employer and have the authority to legally
aind the Employer, **THIS FORM MUS	ST BE SIGNED AND COMPLETED OR THE	FUND OFFICE WILL NOT ACCEPT THE BENEFITS**

Effective July 1, 2017 to June 30, 2018, in addition to the stipulated wages, there shall be: (i) contributions made to the Cement Masons Local 780 Trust Fund, Pension Fund, Annuity Fund, Apprenticeship Fund, Vacation Fund (the "Funds"), the Cement League Advancement and Promotion Fund (the "CLAPF"), the Cement League (the "League"), the Local 780 Labor Management Trust Cooperation (the "Local 780 LMTC"); and (ii) dues paid to Local 780 (the "Union" and collectively with the Funds, the CLAPF, the League and the Local 780 LMTC, the "Funds and Entities")) by Union Dues Check off (paid weekly).

All independent Employers or contractors (i.e., contractors that are not members of an association that is signatory to a collective bargaining agreement with the Union) and those not covered by the "principal agreement" will pay \$0.60 per hour in addition to the required amount of fringe benefit contributions due to the Funds and Entities in order to, among other things, defray the costs of administration of the Funds. If an Association Employer leaves its Association or is no longer a member in good standing with its Association, or is delinquent for 2 months, a \$0.60 per hour Funds contribution increase to match the independent agreement administration cost of the Funds shall be paid by the Employer.

A single check covering the combined contributions due to the above-mentioned Funds and Entities shall be made payable to the "Cement Masons' Local 780 Fringe Benefit Funds." This check, along with a completed and signed remittance report, must be submitted to the shop steward or Cement Mason on the job on the employees' regular pay day, who shall in turn verify the correctness of the amount and the number of employees and submit the check and report to the Funds Office. Where an employee is laid off and receives his wages other than on the employee's regular pay day, said employee shall also be given a check to cover the contributions due to the Funds and Entities. If there are no reportable hours worked by a Cement Mason during any given week, the Employer is obligated to submit directly to the Fund office a remittance report to the Fund office indicating that there are no reportable hours for the week.

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UNITED CEMENT MASONS' UNION LOCAL 780

RESIDENTIAL RATES

** CEMENT LEAGUE CONTRACTORS & OTHER ASSOCIATIONS ** JULY 1, 2017 - JUNE 30, 2018

	BENEFITS	$\frac{1^{-1/2}}{2}$	DOUBLE
CHECKOFF	\$ 2.85	\$ 4.28	\$ 5.70
INT. CHECKOFF	\$ 0.52	\$ 0.78	\$ 1.04
VACATION	\$ 1.25	\$ 1.88	\$ 2.50
TRUST	\$ 9.71	\$14.57	\$19.42
PENSION	\$ 4.25	\$ 6.38	\$ 8.50
ANNUITY	\$ 0.50	\$ 0.75	\$ 1.00
APP	\$ 0.54	\$ 0.81	\$ 1.08
IAP	\$ 0.32	\$ 0.48	\$ 0.64
LMT	\$ 0.10	\$ 0.15	\$ 0.20
	\$20.04	\$30.08	\$40.08
PAY	\$37.08	\$55.62	\$74.16

WAGES AFTER TAX MINUS CHECKOFF, INTERNATIONAL CHECKOFF, VACATION(\$4.62) SHALL BE ADDED TO BENEFITS.

ALL WORK MONDAY – FRIDAY STRAIGHT TIME FOR THE FIRST 8 HOURS THEN TIME & A HALF.

SATURDAY TIME & A HALF ALL DAY

SUNDAY & HOLIDAY DOUBLE TIME ALL DAY

THESE WORKERS HIGH RISE RESIDENTIAL & HOSPITALILY 50/50 MIX WITH JOURNEYMAN AT REGULAR RATE

RESIDENTIAL APPLICANT FEES:

INITIATION FEE: \$425.00 RESEARCH FEE: \$ 75.00 3 MONTHS DUES <u>\$ 69.00</u> \$569.00 Cement Masons' Local 780 Fringe Benefit Funds -76 South Central Avenue, Suite1C Valley Stream, NY 11580

Phone: (516)775-2280 Fax: (516)775-4064 **Cement League Contractors & Other Associations**

Remittance Report for Residential or Hospitality projects only for Residential Members, Effective July 1, 2017

Straight (A)		Overtime(B)			Double Time (C)	
	ST		ОТ			DT
Trust	\$9.71	Trust	\$14.57		Trust	\$19.42
Pension	\$4.25	Pension	\$6.38		Pension	\$8.50
Apprenticeship	\$0.54	Apprenticeship	\$0.81		Apprenticeship	\$1.08
I.A.P.	\$0.32	I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$2.85	Check Off	\$4.28		Check Off	\$5.70
Int. Check Off	\$0.52	Int. Check Off	\$.78		Int. Check Off	\$1.04
Vacation	\$1.25	Vacation	\$1.88		Vacation	\$2.50
Annuity	\$0.50	Annuity	\$0.75		Annuity	\$1.00
780 LMT	\$0.10	780 LMT	\$0.15	Г	780 LMT	\$0.20
Total	\$20.04	Total	\$30.08		Total	\$40.08
Total Hours:		Total Hours:			Total Hours:	
Amount Due:		Amount Due:			Amount Due	
(A) \$		(B) \$			(C)\$	
Total Due=		Make one check	payable to)		
A+B+C					nge Benefit Funds	

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Cement League, including, without limitation, Article VI of the CBA addressing contributions to be made to the Cement Masons' Local 780 Fringe Benefit Funds (the "Funds"). A copy of the relevant provisions of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID#______All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: _____

WEEK ENDING

JOB LOCATION

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$20.04	\$30.08	\$40.08
	Amount due:				

-8	
The above Statements are warranted to be true and correct	
Signature of Corporate Officer	Print Name
By signing this form, you expressly acknowledge that you are an authoriz	ed representative of the Employer and have the authority to legally
bind the Employer. **THIS FORM MUST BE SIGNED AND COMPLETED	OR FUND OFFICE WILL NOT ACCEPT THE BENEFITS**

Effective July 1, 2017 to June 30, 2018, in addition to the stipulated wages, there shall be: (i) contributions made to the Cement Masons Local 780 Trust Fund, Pension Fund, Annuity Fund, Apprenticeship Fund, Vacation Fund (the "Funds"), the Cement League Advancement and Promotion Fund (the "CLAPF"), the Cement League (the "League"), the Local 780 Labor Management Trust Cooperation (the "Local 780 LMTC"); and (ii) dues paid to Local 780 (the "Union" and collectively with the Funds, the CLAPF, the League and the Local 780 LMTC, the "Funds and Entities")) by Union Dues Check off (paid weekly).

All independent Employers or contractors (i.e., contractors that are not members of an association that is signatory to a collective bargaining agreement with the Union) and those not covered by the "principal agreement" will pay \$0.60 per hour in addition to the required amount of fringe benefit contributions due to the Funds and Entities in order to, among other things, defray the costs of administration of the Funds. If an Association Employer leaves its Association or is no longer a member in good standing with its Association, or is delinquent for 2 months, a \$0.60 per hour Funds contribution increase to match the independent agreement administration cost of the Funds shall be paid by the Employer.

A single check covering the combined contributions due to the above-mentioned Funds and Entities shall be made payable to the "Cement Masons' Local 780 Fringe Benefit Funds." This check, along with a completed and signed remittance report, must be submitted to the shop steward or Cement Mason on the job on the employees' regular pay day, who shall in turn verify the correctness of the amount and the number of employees and submit the check and report to the Funds Office. Where an employee is laid off and receives his wages other than on the employee's regular pay day, said employee shall also be given a check to cover the contributions due to the Funds and Entities. If there are no reportable hours worked by a Cement Mason during any given week, the Employer is obligated to submit directly to the Fund office a remittance report to the Fund office indicating that there are no reportable hours for the week.

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The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Cement Masons' Local 780 Fringe Benefit Funds -76 South Central Avenue, Suite1C Valley Stream, NY 11580 Phone: (516)775-2280 Fax: (516)775-4064

Remittance Report for Cement League & Other Associations, Effective July 1, 2017:

				•				
Straight (A)			Overtime(B)			Double Time (C)		
	ST			ОТ			DT	
Trust	\$11.46		Trust	\$22.92		Trust	\$22.92	
Pension	\$9.00		Pension	\$18.00		Pension	\$18.00	
Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20	
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64	
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70	
Int. Check Off	\$0.84		Int. Check Off	\$1.26		Int. Check Off	\$1.68	
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00	
Annuity	\$11.50		Annuity	\$17.25	Г	Annuity	\$23.00	
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30	
Total	\$43.72		Total	\$75.82		Total	\$87.44	
Total Hours:			Total Hours:			Total Hours:		
Amount Due: (A) \$			Amount Due: (B) \$			Amount Due		
Total Due= Make one check payable to A+B+C Cement Masons' Local 780 Fringe Benefit Funds								

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Cement League, including, without limitation, Article VI of the CBA addressing contributions to be made to the Cement Masons' Local 780 Fringe Benefit Funds (the "Funds"). A copy of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID#_____
All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORTEMPLOYERS NAME: _____ EMPLOYERS ADDRESS: ______
JOB LOCATION

WEEK ENDING_____

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
			<u> </u>		
	Total Hours				
	<u>x Rate</u>		\$43.72	\$75.82	\$87.44
	Amount due:				

-8	
The above Statements are warranted to be true and correct	
Signature of Corporate Officer	Print Name
By signing this form, you expressly acknowledge that you are an authorized re	epresentative of the Employer and have the authority to legally
bind the Employer, **THIS FORM MUST BE SIGNED AND COMPLETED OR TH	IE FUND OFFICE WILL NOT ACCEPT THE BENEFITS**

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Cement Masons' Local 780 Fringe Benefit Funds -76 South Central Avenue, Suite1C Valley Stream, NY 11580

Phone: (516)775-2280 Fax: (516)775-4064 **Cement League Contractors & Other Associations**

Remittance Report for Residential or Hospitality projects only for Residential Members, Effective July 1, 2017

Straight (A)			Overtime(B)		Double Time (C)	
	ST			ОТ		DT
Trust	\$9.71		Trust	\$14.57	Trust	\$19.42
Pension	\$4.25		Pension	\$6.38	Pension	\$8.50
Apprenticeship	\$0.54		Apprenticeship	\$0.81	Apprenticeship	\$1.08
I.A.P.	\$0.32		I.A.P.	\$0.48	I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28	Check Off	\$5.70
Int. Check Off	\$0.52		Int. Check Off	\$.78	Int. Check Off	\$1.04
Vacation	\$1.25		Vacation	\$1.88	Vacation	\$2.50
Annuity	\$0.50		Annuity	\$0.75	Annuity	\$1.00
780 LMT	\$0.10		780 LMT	\$0.15	780 LMT	\$0.20
Total	\$20.04		Total	\$30.08	Total	\$40.08
Total Hours:			Total Hours:		Total Hours:	
Amount Due:			Amount Due:		Amount Due	
(A) \$			(B) \$		(C)\$	
Total Due= Make one check payable to						
A+B+C					nge Benefit Funds	

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EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: _____

WEEK ENDING

JOB LOCATION

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
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Phone: (516)775-2280 Fax: (516)775-4064 **Cement League Contractors & Other Associations**

Remittance Report for Residential or Hospitality projects only for Residential Members, Effective July 1, 2017

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Annuity	\$0.50		Annuity	\$0.75	Annuity	\$1.00
780 LMT	\$0.10		780 LMT	\$0.15	780 LMT	\$0.20
Total	\$20.04		Total	\$30.08	Total	\$40.08
Total Hours:			Total Hours:		Total Hours:	
Amount Due:			Amount Due:		Amount Due	
(A) \$			(B) \$		(C)\$	
Total Due= Make one check payable to						
A+B+C					nge Benefit Funds	

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EMPLOYER FEDERAL ID#______All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: _____

WEEK ENDING

JOB LOCATION

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$20.04	\$30.08	\$40.08
	Amount due:				

-8	
The above Statements are warranted to be true and correct	
Signature of Corporate Officer	Print Name
By signing this form, you expressly acknowledge that you are an authoriz	ed representative of the Employer and have the authority to legally
bind the Employer. **THIS FORM MUST BE SIGNED AND COMPLETED	OR FUND OFFICE WILL NOT ACCEPT THE BENEFITS**

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The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Cement Masons' Local 780 Fringe Benefit Funds -76 South Central Avenue, Suite1C Valley Stream, NY 11580

Phone: (516)775-2280 Fax: (516)775-4064 **Cement League Contractors & Other Associations**

Remittance Report for Residential or Hospitality projects only for Residential Members, Effective July 1, 2017

Straight (A)			Overtime(B)		Double Time (C)	
	ST			ОТ		DT
Trust	\$9.71		Trust	\$14.57	Trust	\$19.42
Pension	\$4.25		Pension	\$6.38	Pension	\$8.50
Apprenticeship	\$0.54		Apprenticeship	\$0.81	Apprenticeship	\$1.08
I.A.P.	\$0.32		I.A.P.	\$0.48	I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28	Check Off	\$5.70
Int. Check Off	\$0.52		Int. Check Off	\$.78	Int. Check Off	\$1.04
Vacation	\$1.25		Vacation	\$1.88	Vacation	\$2.50
Annuity	\$0.50		Annuity	\$0.75	Annuity	\$1.00
780 LMT	\$0.10		780 LMT	\$0.15	780 LMT	\$0.20
Total	\$20.04		Total	\$30.08	Total	\$40.08
Total Hours:			Total Hours:		Total Hours:	
Amount Due:			Amount Due:		Amount Due	
(A) \$			(B) \$		(C)\$	
Total Due= Make one check payable to						
A+B+C					nge Benefit Funds	

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WEEK ENDING

JOB LOCATION

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			Hours	Hours	Hours
	Total Hours				
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The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Phone: (516)775-2280 Fax: (516)775-4064**780 Journeymen Residential & Hospitality Rates**

Remittance Report for Cement League & Other Associations, Effective July 1, 2017:

Sharinha (A)			Overtime (D)			Double Time	
Straight (A)	670		Overtime(B)	07		(C)	0.7
	ST			ОТ			DT
Trust	\$11.46		Trust	\$17.19		Trust	\$22.92
Pension	\$9.00		Pension	\$13.50		Pension	\$18.00
Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70
Int. Check Off	\$0.84		Int. Check Off	\$1.26		Int. Check Off	\$1.68
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00
Annuity	\$11.50		Annuity	\$17.25		Annuity	\$23.00
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30
Total	\$43.72	1	Total	\$65.59		Total	\$87.44
Total Hours:			Total Hours:			Total Hours:	
Amount Due:			Amount Due:			Amount Due	
(A) \$			(B) \$			(C)\$	
Total Due=			Make one check payable to				
A+B+C			Cement Masons' Local 780 Fringe Benefit Funds				

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All Information below must be fully provided with each report
EMPLOYERS NAME: ______ EMPLOYERS ADDRESS: ______

JOB LOCATION

WEEK ENDING

EMPLOYER FEDERAL ID#

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$43.72	\$65.59	\$87.44
	Amount due:				

The above Statements are warranted to be true and correct		
Signature of Corporate Officer	Print Name	
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	ST			ОТ			DT
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Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70
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Total Hours:			Total Hours:			Total Hours:	
Amount Due:			Amount Due:			Amount Due	
(A) \$			(B) \$			(C)\$	
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A+B+C			Cement Masons' Local 780 Fringe Benefit Funds				

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JOB LOCATION

WEEK ENDING

EMPLOYER FEDERAL ID#

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	ST			ОТ			DT
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Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70
Int. Check Off	\$0.84		Int. Check Off	\$1.26		Int. Check Off	\$1.68
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00
Annuity	\$11.50		Annuity	\$17.25		Annuity	\$23.00
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30
Total	\$43.72	1	Total	\$65.59		Total	\$87.44
Total Hours:			Total Hours:			Total Hours:	
Amount Due:			Amount Due:			Amount Due	
(A) \$			(B) \$			(C)\$	
Total Due=			Make one check payable to				
A+B+C			Cement Masons' Local 780 Fringe Benefit Funds				

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Cement League, including, without limitation, Article VI of the CBA addressing contributions to be made to the Cement Masons' Local 780 Fringe Benefit Funds (the "Funds"). A copy of the relevant provisions of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

All Information below must be fully provided with each report
EMPLOYERS NAME: ______ EMPLOYERS ADDRESS: ______

JOB LOCATION

WEEK ENDING

EMPLOYER FEDERAL ID#

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$43.72	\$65.59	\$87.44
	Amount due:				

The above Statements are warranted to be true and correct		
Signature of Corporate Officer	Print Name	
By signing this form, you expressly acknowledge that you are an authorized i	representative of the Employer and have the authority t	o legally
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The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Phone: (516)775-2280 Fax: (516)775-4064**780 Journeymen Residential & Hospitality Rates**

Remittance Report for Cement League & Other Associations, Effective July 1, 2017:

Saminha (A)			Overtime (D)			Double Time		
Straight (A)	679		Overtime(B)	07		(C)	0.7	
	ST			ОТ			DT	
Trust	\$11.46		Trust	\$17.19		Trust	\$22.92	
Pension	\$9.00		Pension	\$13.50		Pension	\$18.00	
Apprenticeship	\$0.60		Apprenticeship	\$0.90		Apprenticeship	\$1.20	
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64	
Check Off	\$2.85		Check Off	\$4.28		Check Off	\$5.70	
Int. Check Off	\$0.84		Int. Check Off	\$1.26		Int. Check Off	\$1.68	
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00	
Annuity	\$11.50		Annuity	\$17.25		Annuity	\$23.00	
780 LMT	\$0.15		780 LMT	\$0.23		780 LMT	\$0.30	
Total	\$43.72	1	Total	\$65.59		Total	\$87.44	
Total Hours:			Total Hours:			Total Hours:		
Amount Due:			Amount Due:			Amount Due		
(A) \$			(B) \$			(C)\$		
Total Due=		Make one check payable to						
A+B+C	\+B+C			Cement Masons' Local 780 Fringe Benefit Funds				

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JOB LOCATION

WEEK ENDING

EMPLOYER FEDERAL ID#

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$43.72	\$65.59	\$87.44
	Amount due:				

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CEMENT MASONS' LOCAL 780 JOINT APPRENTICESHIP TRAINING PROGRAM



<u>Director</u> Michael Rendina Assistant Director
Gino Castignoli

APPRENTICE WAGE RATES BEGINNING July 1, 2017

50% 60% 70% PAY RATE \$25.49 \$30.58 \$35.68

For Apprentices enrolled prior to July 1, 2016

76 South Central Avenue-Suite1 C • Valley Stream, NY 11580 Phone 516-775-2280 Fax 516-775-4064



G		2	0	0	∞	4	0	0	0	و	0
1/1	П	22.92	12.60	4.00	1.18	0.84	9.80	\$ 16.10	0.20	0.46	\$ 68.10
0 7/		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
& Other Associations Apprentice Breakdown as of 7/1/17 for Apprent. Who joined prior to 7/1/16		22.92	12.60	3.00	0.89	0.63	7.35	12.08	0.15	0.35	.97
l pri	ОТ	22	12	3	0	0	7	12	0	0	\$ 59.97
inec		\$	\$	\$	\$	\$	\$	\$	\$	\$	
o jo	%	1.46	6.30	2.00	0.59	0.42	4.90	8.05	0.10	0.23	1.05
W	%0 ′	\$ 11.46	\$ 6	\$	\$	\$	7 \$	\$	\$	\$	\$ 34.05
ent.	_										
ppr		12	0	12	0	,5	O.	0	8	∞	2
or A	DT	\$ 22.92	10.80	3.42	1.00	0.72	8.40	13.80	0.18	0.38	\$ 61.62
17 fe		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
/1/		92	.80	2.57	0.75	0.54	6.30	35	0.13	0.29	\$ 54.65
of 7	ОТ	\$ 22.92	\$ 10.80					\$ 10.35			54
l as		_		\$	\$ (\$	\$		\$ 1	\$	
owr	%09	11.46	5.40	1.71	0.50	0.36	4.20	6.90	0.09	0.19	30.81
akd	9	\$ 1	\$	\$	\$	\$	\$	\$	\$	\$	\$ 3
Bre									-		-
tice		92	00	2.84	0.84	09.0	7.00	20	14	32	16
ren	DT	\$ 22.92	9.00	2.	0.	0.0	7.(\$ 11.50	0.14	0.32	\$ 55.16
App		_	\$	\$	\$	\$	\$	_	\$	\$	
ons	⊢	\$ 22.92	9.00	2.13	0.63	0.45	5.25	8.63	0.11	0.24	\$ 49.36
iati	ОТ	\$ 27	\$	\$	\$ (\$	\$	\$	\$	\$	\$ 49
SSOC		\mathbf{L}	0	2	2	0		5	7	\blacksquare	∞
er A	20%	11.46	4.50	1.42	0.42	0:30	3.50	5.75	0.07	0.16	\$ 27.58
oth	5	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
8											
Cement League	17				H.	hip					
t Le	/1/2017			J#(nt. Check Off	Apprenticeship	_		_		
neu	1/	st	Pension	Sheck Off	Che	ren	acation	Annuity	780 LMT	ď.	al
Cel		Trust	Per	Ch	Int.	Apr	Vac	Anr	780	I.A.P	Total

For Apprentices who joined the Training Program prior to July 1, 2016

Apprentice Rates Only for Apprentices enrolled prior to July 1, 2016 Remittance Report for Cement League & Other Associations, Effective July 1, 2017:

Percentage	Straight	x Rate	Amount	Over	x Rate	Amount	Double	x Rate	Amount
	Hours		Due	Time		Due	Time		Due
50%		\$ 27.58			\$ 49.36			\$ 55.16	
60%		\$ 30.81			\$ 54.65			\$ 61.62	
70%		\$ 34.05			\$ 59.97			\$ 68.10	
		•							

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement

between the Cement I	Masons' Local 780 and the	Cement League, ir	cluding, withou	ıt limitation Δr	ticle VI of the CRA	addressing contrib	utions
to be made to the Cen	nent Masons' Local 780 Frir	nge Benefit Funds	(the "Funds").	A copy of the re	elevant provisions	of Article VI of the	CBA is
reproduced on the rev	erse side of this remittance	e form. Furtherm	ore, the Employ	er hereby ackn	owledges and agr	ees that it is bound	by the
Agreements and Decla	rations of Trust (the "Trust	s") establishing th	e Funds, which	are incorporate	ed by reference in	the CBA. If the Emi	olover
wishes to receive a co	py of the CBA or the Trusts,	please contact th	e Funds' office a	at the address a	ind phone numbe	r listed above.	, , ,
EMPLOYER FEDERAL II	D#				·		
	OW MUST BE FULLY PROVI						
EMPLOYERS NAME:		EMPLO	YERS ADDRESS:				_
JOB LOCATION							
WEEK ENDING							
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
				 			
	 			-			
						Total of	
			_			percentage	
		Total Hours	x Rate	x Rate	x Rate	due	
			50%-\$27.58	50% \$49.36	50% \$55.16		
			60%-\$30.81	60% \$54.65	60% \$61.62		
			70%-\$34.05	70% \$59.97	70% \$68.10		
	Amount due:						

The above Statements are warranted to be true and correct	
Signature of Corporate Officer	Print Name
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Nonpie 71	ded • 502

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	Hours		Due	Time		Due	Time		Due
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		•							

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between the Cement I	Masons' Local 780 and the	Cement League, ir	cluding, withou	ıt limitation Δr	ticle VI of the CRA	addressing contrib	utions
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wishes to receive a co	py of the CBA or the Trusts,	please contact th	e Funds' office a	at the address a	ind phone numbe	r listed above.	, , ,
EMPLOYER FEDERAL II	D#				·		
	OW MUST BE FULLY PROVI						
EMPLOYERS NAME:		EMPLO	YERS ADDRESS:				_
JOB LOCATION					_		
WEEK ENDING							
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
				 			
	 			-			
						Total of	
			_			percentage	
		Total Hours	x Rate	x Rate	x Rate	due	
			50%-\$27.58	50% \$49.36	50% \$55.16		
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Signature of Corporate Officer	Print Name
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70%		\$ 34.05			\$ 59.97			\$ 68.10	
		•							

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between the Cement I	Masons' Local 780 and the	Cement League, ir	cluding, withou	ıt limitation Δr	ticle VI of the CRA	addressing contrib	utions
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EMPLOYER FEDERAL II	D#				·		
	OW MUST BE FULLY PROVI						
EMPLOYERS NAME:		EMPLO	YERS ADDRESS:				_
JOB LOCATION					_		
WEEK ENDING							
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
				 			
	 			-			
						Total of	
			_			percentage	
		Total Hours	x Rate	x Rate	x Rate	due	
			50%-\$27.58	50% \$49.36	50% \$55.16		
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Nonpie 71	ded • 502

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All independent Employers or contractors (i.e., contractors that are not members of an association that is signatory to a collective bargaining agreement with the Union) and those not covered by the "principal agreement" will pay \$0.60 per hour in addition to the required amount of fringe benefit contributions due to the Funds and Entities in order to, among other things, defray the costs of administration of the Funds. If an Association Employer leaves its Association or is no longer a member in good standing with its Association, or is delinquent for 2 months, a \$0.60 per hour Funds contribution increase to match the independent agreement administration cost of the Funds shall be paid by the Employer.

A single check covering the combined contributions due to the above-mentioned Funds and Entities shall be made payable to the "Cement Masons' Local 780 Fringe Benefit Funds." This check, along with a completed and signed remittance report, must be submitted to the shop steward or Cement Mason on the job on the employees' regular pay day, who shall in turn verify the correctness of the amount and the number of employees and submit the check and report to the Funds Office. Where an employee is laid off and receives his wages other than on the employee's regular pay day, said employee shall also be given a check to cover the contributions due to the Funds and Entities. If there are no reportable hours worked by a Cement Mason during any given week, the Employer is obligated to submit directly to the Fund office a remittance report to the Fund office indicating that there are no reportable hours for the week.

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In the event the Employer does not make timely payment of contributions as required herein, it is agreed that the Employer shall be liable for the payment of such contributions and dues checkoffs with interest of ten (10%) percent per annum plus liquidated damages of twenty (20%) percent per annum of the amount owing and all costs including, but not limited to, reasonable audit and accounting expenses, witness costs, attorneys' fees and court costs. These amounts may be billed to a delinquent Employer and are due once billed, even if an audit has not been completed or conducted.

The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Apprentice Rates Only for Apprentices enrolled prior to July 1, 2016 Remittance Report for Cement League & Other Associations, Effective July 1, 2017:

Percentage	Straight	x Rate	Amount	Over	x Rate	Amount	Double	x Rate	Amount
	Hours		Due	Time		Due	Time		Due
50%		\$ 27.58			\$ 49.36			\$ 55.16	
60%		\$ 30.81			\$ 54.65			\$ 61.62	
70%		\$ 34.05			\$ 59.97			\$ 68.10	
		•							

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement

between the Cement I	Masons' Local 780 and the	Cement League, ir	cluding, withou	ıt limitation Δr	ticle VI of the CRA	addressing contrib	utions
to be made to the Cen	nent Masons' Local 780 Frir	nge Benefit Funds	(the "Funds").	A copy of the re	elevant provisions	of Article VI of the	CBA is
reproduced on the rev	erse side of this remittance	e form. Furtherm	ore, the Employ	er hereby ackn	owledges and agr	ees that it is bound	by the
Agreements and Decla	rations of Trust (the "Trust	s") establishing th	e Funds, which	are incorporate	ed by reference in	the CBA. If the Emi	olover
wishes to receive a co	py of the CBA or the Trusts,	please contact th	e Funds' office a	at the address a	ind phone numbe	r listed above.	, , ,
EMPLOYER FEDERAL II	D#				·		
	OW MUST BE FULLY PROVI						
EMPLOYERS NAME:		EMPLO	YERS ADDRESS:				_
JOB LOCATION							
WEEK ENDING							
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
				 			
	 			-			
						Total of	
			_			percentage	
		Total Hours	x Rate	x Rate	x Rate	due	
			50%-\$27.58	50% \$49.36	50% \$55.16		
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between the Cement I	Masons' Local 780 and the	Cement League, ir	cluding, withou	ıt limitation Δr	ticle VI of the CRA	addressing contrib	utions
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EMPLOYER FEDERAL II	D#				·		
	OW MUST BE FULLY PROVI						
EMPLOYERS NAME:		EMPLO	YERS ADDRESS:				_
JOB LOCATION					_		
WEEK ENDING							
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
				 			
	 			-			
						Total of	
			_			percentage	
		Total Hours	x Rate	x Rate	x Rate	due	
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CEMENT MASONS' LOCAL 780 JOINT APPRENTICESHIP TRAINING PROGRAM



<u>Director</u> Michael Rendina Assistant Director Gino Castignoli

APPRENTICE WAGE RATES EFFECTIVE July 1, 2017 For those ENROLLED in the Apprenticeship Training Program AFTER July 1, 2016

PAY RATE \$18.67

2nd Year \$23.31

3rd Year \$28.41

76 South Central Avenue-Suite1 C • Valley Stream, NY 11580 Phone 516-775-2280 Fax 516-775-4064

Cement League & Other Assoc. Apprentice B	& Other As	soc. Appre	entic	e Breakd	own FOR TI	reakdown FOR THOSE ENROLLED AFTER JULY 1, 2016	LLED AF	TER J	ULY 1, 20:	91						
Eff. 7/1/2017	1st Year	TO		DT		2nd Year	TO		DT		3rd	3rd Year	OT		DT	
Trust	\$ 9.71	\$ 14.57	\$	19.42		\$ 9.71	\$ 14.57	57 \$	19.42		\$	9.71	\$ 1	14.57	\$ 19	19.42
Pension	\$ 4.25	\$ 6.38	\$	8.50		\$ 4.25	\$ 6.	6.38	8.50		\$	4.25	\$	6.38	\$	8.50
Check Off	- \$	- \$	\$	-		\$ 1.24	\$ 1.	1.86	3.48		\$	2.27	\$	3.41	\$	4.54
Int. Check Off	\$ 0.33	\$ 0.50	\$	99.0		\$ 0.38	\$ 0.	0.57 \$	3 0.76		₩.	0.43	\$	0.65	\$	98.0
Apprenticeship	- \$	- \$	\$	-		\$ 0.20	\$ 0.	0:30	0.40		\$	0.27	\$	0.41	\$	0.54
Vacation	\$ 1.00	\$ 1.50	\$	2.00		\$ 1.00	\$ 1.	1.50 \$	3.00		₩.	1.00	\$	1.50	\$	2.00
Annuity	٠ \$	٠ \$	\$	-		- \$	- \$	· ·	-		\$	1	\$		\$	
780 LMT	٠ \$	- \$	\$	-		- \$	- \$	- 10	-		\$	-	\$	-	\$	
1.A.P.	- \$	- \$	\$	-		\$ 0.32	\$ 0.	0.48	9.00		\$	0.32	\$	0.48) \$	0.64
Total	\$ 15.29	\$ 22.95	\$	30.58		\$ 17.10	\$ 25.66	\$ 99	34.20		\$	18.25	\$ 2	27.40	\$ 3(36.50

** For Apprentices enrolled after July 1, 2016**

Phone: (516)775-2280 Fax: (516)775-4064

Apprentice Rates Only for Apprentices enrolled after 7/1/16 Remittance Report for Cement League Contractors & Other Associations, Effective July 1, 2017:

Year	Straight	x Rate	Amount	Over	x Rate	Amount	Double	x Rate	Amount
	Hours		Due	Time		Due	Time		Due
1st Year		\$ 15.29			\$ 22.95			\$ 30.58	
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3rd Year		\$ 18.25			\$ 27.40			\$ 36.50	

EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: ______
JOB LOCATION

WEEK ENDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time	
			Hours	Hours	Hours	
-						
				1		Takal of
						Total of percentage
		Total Hours	x_Rate	X Rate	X Rate	due
			Yr1-\$15.29	Yr1- \$22.95	Yr1- \$30.58	
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			Yr3-\$18.25	Yr3- \$27.40	Yr3- \$36.50	
	Amount due:					

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Signature of Corporate Officer		Print Name	
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			Hours	Hours	Hours	
-						
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JOB LOCATION

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			Hours	Hours	Hours	
-						
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A single check covering the combined contributions due to the above-mentioned Funds and Entities shall be made payable to the "Cement Masons' Local 780 Fringe Benefit Funds." This check, along with a completed and signed remittance report, must be submitted to the shop steward or Cement Mason on the job on the employees' regular pay day, who shall in turn verify the correctness of the amount and the number of employees and submit the check and report to the Funds Office. Where an employee is laid off and receives his wages other than on the employee's regular pay day, said employee shall also be given a check to cover the contributions due to the Funds and Entities. If there are no reportable hours worked by a Cement Mason during any given week, the Employer is obligated to submit directly to the Fund office a remittance report to the Fund office indicating that there are no reportable hours for the week.

Failure by the shop steward or employee to immediately (but in no event later than three calendar days after pay day) forward said check or checks to the Fund Office shall subject the employee to such penalties as in the judgment of the Trustees is warranted.

Failure by the Employer to issue said check and remittance report (even in the event that no contributions are due for the applicable week) shall be cause for the Union to remove employees covered by this Agreement from the work of such Employer. If such men who are removed remain at the job site during regular working hours, they shall be paid for lost time not to exceed three days' pay.

In the event the Employer does not make timely payment of contributions as required herein, it is agreed that the Employer shall be liable for the payment of such contributions and dues checkoffs with interest of ten (10%) percent per annum plus liquidated damages of twenty (20%) percent per annum of the amount owing and all costs including, but not limited to, reasonable audit and accounting expenses, witness costs, attorneys' fees and court costs. These amounts may be billed to a delinquent Employer and are due once billed, even if an audit has not been completed or conducted.

The Trustees shall also have the right to audit the payroll and other pertinent employment records of any employer of Cement Masons' within the jurisdictional area of the Union.

Phone: (516)775-2280 Fax: (516)775-4064

Apprentice Rates Only for Apprentices enrolled after 7/1/16 Remittance Report for Cement League Contractors & Other Associations, Effective July 1, 2017:

Year	Straight	x Rate	Amount	Over	x Rate	Amount	Double	x Rate	Amount
	Hours		Due	Time		Due	Time		Due
1st Year		\$ 15.29			\$ 22.95			\$ 30.58	
2nd Year		\$ 17.10			\$ 25.66			\$ 34.20	
3rd Year		\$ 18.25			\$ 27.40			\$ 36.50	

EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: ______
JOB LOCATION

WEEK ENDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time	
			Hours	Hours	Hours	
	_					
						Total of percentage
		Total Hours	x Rate	X Rate	X Rate	due
			Yr1-\$15.29	Yr1- \$22.95	Yr1- \$30.58	
			Yr2-\$17.10	Yr2- \$25.66	Yr2- \$34.20	
			Yr3-\$18.25	Yr3- \$27.40	Yr3- \$36.50	
	Amount due:					

The above Statements are warranted to be true and correct							
Signature of Corporate Officer		Print Name_					
By signing this form, you expressly	y acknowledge that you are an authoriz	ed representative	of the Employer and have the authority to legally				
bind the Employer.	Double	Sided	502				

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EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: ______
JOB LOCATION

WEEK ENDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time	
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	_					
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The above Statements are warranted to be true and correct							
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