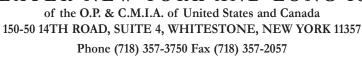
United Cement Masons' Union

LOCAL No. 780

OF GREATER NEW YORK AND LONG ISLAND







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





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 INDEPENDENT CONTRACTORS

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

Admin Fees	\$.60	per Hour
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	\$.60	per Hour
I.A.P.	\$.32	per Hour
Annuity	\$1	1.50	per Hour
780 LMT	\$.15	per Hour
TOTAL	\$4	14.32	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 \	Nages	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

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 Independent Contractors, Effective July 1, 2017:

				_		
Straight (A)		Overtime(B)			Double Time (C)	
	ST		OT			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
Ind./AdminFee	\$0.60	Ind./AdminFee	\$0.90		Ind./AdminFee	\$1.20
Total	\$44.32	Total	\$76.72		Total	\$88.64
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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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				
	x Rate		\$44.32	\$76.72	\$88.64
	Amount due:				

The above Statemer	nts are warranted to be true and correct		
Signature of Corporate	· Officer	Print Name	Ву
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bind the Employer.	**THIS FORM MUST BE SIGNED AND COMPLETED OF	R THE FUND OFFICE WILL NOT ACCEP	T THE BENEFITS**

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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.

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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Total Hours:		Total Hours:			Total Hours:	
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EMPLOYER FEDERAL ID#_____
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JOB LOCATION_____

WEEK ENDING_

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$44.32	\$76.72	\$88.64
	Amount due:				

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Signature of Corporate	· Officer	Print Name	Ву
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				_		
Straight (A)		Overtime(B)			Double Time (C)	
	ST		OT			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
Ind./AdminFee	\$0.60	Ind./AdminFee	\$0.90		Ind./AdminFee	\$1.20
Total	\$44.32	Total	\$76.72		Total	\$88.64
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 Independent Contractor, 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				
	x Rate		\$44.32	\$76.72	\$88.64
	Amount due:				

The above Statemer	nts are warranted to be true and correct		
Signature of Corporate	· Officer	Print Name	Ву
signing this form, you	expressly acknowledge that you are an authorized repr	resentative of the Employer and have	the authority to legally
bind the Employer.	**THIS FORM MUST BE SIGNED AND COMPLETED OF	R THE FUND OFFICE WILL NOT ACCEP	T 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.

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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.

UNITED CEMENT MASONS' UNION LOCAL 780

RESIDENTIAL RATES

** INDEPENDENT CONTRACTORS **
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
ADMIN FEE	\$ 0.60	\$ 0.90	\$ 1.20
	\$20.64	\$30.98	\$41.28
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 **Independent Contractors**

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	\$0.78		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
Indep/Admin	\$0.60		Ind/Admin	\$.90		Ind/Admin	\$1.20
Total	\$20.64		Total	\$30.98		Total	\$41.28
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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EMPLOYER FEDERAL	# <u></u>
All INFORMATION BE	DW MUST BE FULLY PROVIDED WITH EACH REPORT-
EMPLOYERS NAME: _	EMPLOYERS ADDRESS:
IOD LOCATION	MALEK PAIDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours

	Total Hours				
	x Rate		\$20.64	\$30.98	\$41.28
	Amount due:				

regular pay day, said employee shall be given a cheek to cover the co	neribations add the diorestia ranas.
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 auth	orized representative of the Employer and have the authority to legally
bind the Employer. **THIS FORM MUST BE SIGNED AND COMPLETI	ED OR FUND OFFICE WILL NOT ACCEPT THE BENEFITS**

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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.

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

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	\$0.78		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
Indep/Admin	\$0.60		Ind/Admin	\$.90		Ind/Admin	\$1.20
Total	\$20.64		Total	\$30.98		Total	\$41.28
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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EMPLOYER FEDERAL	# <u></u>
All INFORMATION BE	DW MUST BE FULLY PROVIDED WITH EACH REPORT-
EMPLOYERS NAME: _	EMPLOYERS ADDRESS:
IOD LOCATION	MALEK PAIDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours

	Total Hours				
	x Rate		\$20.64	\$30.98	\$41.28
	Amount due:				

regular pay day, said employee shall be given a cheek to cover the co	neribations add the diorestia ranas.
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 auth	orized representative of the Employer and have the authority to legally
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	ST			ОТ			DT
Trust	\$9.71		Trust	\$14.57		Trust	\$19.42
Pension	\$4.25		Pension	\$6.38		Pension	\$8.50
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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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Annuity	\$0.50		Annuity	\$0.75		Annuity	\$1.00
780 LMT	\$0.10		780 LMT	\$0.15		780 LMT	\$0.20
Indep/Admin	\$0.60		Ind/Admin	\$.90		Ind/Admin	\$1.20
Total	\$20.64		Total	\$30.98		Total	\$41.28
Total Hours:			Total Hours:			Total Hours:	
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EMPLOYERS NAME: _	EMPLOYERS ADDRESS:
IOD LOCATION	MALEK PAIDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours

	Total Hours				
	x Rate		\$20.64	\$30.98	\$41.28
	Amount due:				

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Total Due=	l Due=		Make one check payable to				
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EMPLOYER FEDERAL	# <u></u>
All INFORMATION BE	DW MUST BE FULLY PROVIDED WITH EACH REPORT-
EMPLOYERS NAME: _	EMPLOYERS ADDRESS:
IOD LOCATION	MALEK PAIDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours

	Total Hours				
	x Rate		\$20.64	\$30.98	\$41.28
	Amount due:				

regular pay day, said employee shall be given a cheek to cover the co	neribations add the diorestia ranas.
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 auth	orized representative of the Employer and have the authority to legally
bind the Employer. **THIS FORM MUST BE SIGNED AND COMPLETI	ED 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.

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.

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

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	\$0.78		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
Indep/Admin	\$0.60		Ind/Admin	\$.90		Ind/Admin	\$1.20
Total	\$20.64		Total	\$30.98		Total	\$41.28
Total Hours:			Total Hours:			Total Hours:	
Amount Due:			Amount Due:			Amount Due	
(A) \$			(B) \$			(C)\$	
Total Due=	l 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.

EMPLOYER FEDERAL	# <u></u>
All INFORMATION BE	DW MUST BE FULLY PROVIDED WITH EACH REPORT-
EMPLOYERS NAME: _	EMPLOYERS ADDRESS:
IOD LOCATION	MALEK PAIDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours

	Total Hours				
	x Rate		\$20.64	\$30.98	\$41.28
	Amount due:				

regular pay day, said employee shall be given a cheek to cover the co	neribations add the diorestia ranas.
The above Statements are warranted to be true and correct	
Signature of Corporate Officer	Print Name
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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****780 Journeymen Residential & Hospitality Rates****

Remittance Report for Independent Contractors, Effective July 1, 2017:

Straight (A)		Overtime(B)			Double Time (C)	
	ST		OT			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
Ind/Admin	\$0.60	Ind/Admin	\$0.90		Ind/Admin	\$1.20
Total	\$44.32	Total	\$66.49		Total	\$88.64
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.

EMPLC	YER FEDER	RAL ID#	

All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: EMPLOYERS ADDRESS:

JOB LOCATION

JOB LOCATION		WEEK ENDING					
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
	Total Hours						
	x Rate		\$44.32	\$66.49	\$88.64		
	Amount due:						

WEEK ENDING

Payments covering contributions to the Cement Masons' Local 780 Trust Fund, Pension Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, Cement League Advancement, IAP Funds, LMC Fund, Dues, and International Dues shall be made weekly. A single check covering the combined contributions to the above mentioned Funds shall be made payable to Cement Masons' Local 780 Fringe Benefit Funds. This check shall be given to the shop steward or Cement Mason on the job on the employers regular pay day, who shall in turn verify the correctness of the amounts and the number of employees covered. Where an employee is laid off and receives his wages other than on the employers regular pay day, said employee shall be given a check to cover the contributions due the aforesaid funds.

The above Statements are warranted to be	true and correct	
Signature of Corporate Officer	Print Name	
By signing this form, you expressly acknowled	dge that you are an authorized representative	of the Employer and have the authority to legally

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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.

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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****780 Journeymen Residential & Hospitality Rates****

Remittance Report for Independent Contractors, Effective July 1, 2017:

Straight (A)		Overtime(B)			Double Time (C)	
	ST		OT			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
Ind/Admin	\$0.60	Ind/Admin	\$0.90		Ind/Admin	\$1.20
Total	\$44.32	Total	\$66.49		Total	\$88.64
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.

EMPLC	YER FEDER	RAL ID#	

All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: EMPLOYERS ADDRESS:

JOB LOCATION

JOB LOCATION		WEEK ENDING					
Social Security #	Last Name	First Name	Straight	Overtime	Double time		
			Hours	Hours	Hours		
	Total Hours						
	x Rate		\$44.32	\$66.49	\$88.64		
	Amount due:						

WEEK ENDING

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The above Statements are warranted to be	true and correct	
Signature of Corporate Officer	Print Name	
By signing this form, you expressly acknowled	dge that you are an authorized representative	of the Employer and have the authority to legally

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Straight (A)		Overtime(B)			Double Time (C)	
	ST		OT			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
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780 LMT	\$0.15	780 LMT	\$0.23		780 LMT	\$0.30
Ind/Admin	\$0.60	Ind/Admin	\$0.90		Ind/Admin	\$1.20
Total	\$44.32	Total	\$66.49		Total	\$88.64
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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EMPLC	YER FEDER	RAL ID#	

All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: EMPLOYERS ADDRESS:

JOB LOCATION

JOB LOCATION		WEEK ENDIN			
Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$44.32	\$66.49	\$88.64
	Amount due:				

WEEK ENDING

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Signature of Corporate Officer	Print Name	
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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.

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

Remittance Report for Independent Contractors, Effective July 1, 2017:

Straight (A)		Overtime(B)			Double Time (C)	
	ST		OT			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
Ind/Admin	\$0.60	Ind/Admin	\$0.90		Ind/Admin	\$1.20
Total	\$44.32	Total	\$66.49		Total	\$88.64
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	Fri	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.

EMPLC	YER FEDERA	L ID#	

All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: EMPLOYERS ADDRESS:

JOB LOCATION

JOB LOCATION		WEEK ENDIN			
Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$44.32	\$66.49	\$88.64
	Amount due:				

WEEK ENDING

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The above Statements are warranted to be	true and correct	
Signature of Corporate Officer	Print Name	
By signing this form, you expressly acknowled	dge that you are an authorized representative	of the Employer and have the authority to legally

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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.

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Total	\$44.32	Total	\$66.49		Total	\$88.64
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	Fri	nge Benefit Funds	

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EMPLC	YER FEDERA	L ID#	

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JOB LOCATION

JOB LOCATION		WEEK ENDIN			
Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$44.32	\$66.49	\$88.64
	Amount due:				

WEEK ENDING

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CEMENT MASONS' LOCAL 780 JOINT APPRENTICESHIP TRAINING PROGRAM



Director 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

Independent Contractors -Ap	ractors -Ap	oprentice	Breakdown	as of 7/1/17	7 for Appr	entices that	prentice Breakdown as of 7/1/17 for Apprentices that joined the Training Program prior to 7/1/16	Fraining Pro	ogram pric
7/1/2017	20%	TO	DT	%09	OT	DT	%02	10	DT
Trust	\$ 11.46	\$ 22.92	\$ 22.92	\$ 11.46	\$ 22.92	\$ 22.92	\$ 11.46	\$ 22.92	\$ 22.92
Pension	\$ 4.50	00.6 \$	\$ 9.00	\$ 5.40	\$ 10.80	\$ 10.80	\$ 6.30	\$ 12.60	\$ 12.60
Check Off	\$ 1.42	\$ 2.13	\$ 2.84	\$ 1.71	\$ 2.57	\$ 3.42	\$ 2.00	\$ 3.00	\$ 4.00
Int. Check Off	\$ 0.42	\$ 0.63	\$ 0.84	\$ 0.50	\$ 0.75	\$ 1.00	\$ 0.59	\$ 0.89	\$ 1.18
Apprenticeship	\$ 0.30	\$ 0.45	\$ 0.60	\$ 0.36	\$ 0.54	\$ 0.72	\$ 0.42	\$ 0.63	\$ 0.84
Vacation	\$ 3.50	\$ 5.25	\$ 7.00	\$ 4.20	\$ 6.30	\$ 8.40	\$ 4.90	\$ 7.35	\$ 9.80
Annuity	\$ 5.75	\$ 8.63	\$ 11.50	\$ 6.90	\$ 10.35	\$ 13.80	\$ 8.05	\$ 12.08	\$ 16.10
780 LMT	\$ 0.07	\$ 0.11	0.11 \$ 0.14	\$ 0.09	\$ 0.13	\$ 0.18	\$ 0.10	\$ 0.15	\$ 0.20
I.A.P.	\$ 0.16	\$ 0.24	\$ 0.32	\$ 0.19	\$ 0.29	\$ 0.38	\$ 0.23	\$ 0.35	\$ 0.46
IND/ADMIN FEE	\$ 0.60	\$ 0.90	\$ 1.20	\$ 0.60	\$ 0.90	\$ 1.20	\$ 0.60	\$ 0.90	\$ 1.20
TOTAL	\$28.18	\$50.26	\$56.36	\$31.41	\$55.55	\$62.82	\$34.65	\$60.87	\$69.30

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

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

Apprentice Rates Only for Apprentices enrolled prior to July 1, 2016
Remittance Report for Independent Contractors, Effective July 1, 2017:

Percentage	Straight	x Rate	Amount	Over	x Rate	Amount	Double	x Rate	Amount
	Hours		Due	Time		Due	Time		Due
50%		\$ 28.18			\$ 50.26			\$ 56.36	
60%		\$ 31.41			\$ 55.55			\$ 62.82	
70%		\$ 34.65			\$ 60.87			\$ 69.30	

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.

IPLOYER FEDERAL ID#_		UDED WITH EACH D	FRORT			
I INFORMATION BELOW MPLOYERS NAME:						
B LOCATIONEEK ENDING						
Social Security #	Last Name	First Name	Straight	Overtime	Double time	
			Hours	Hours	Hours	
			1			1
		Total Hours	x Rate	X Rate	X Rate	Total
			50%-\$28.18	50% \$50.26	50% \$56.36	
			60%-\$31.41	60% \$55.55	60% \$62.82	
			70%-\$34.65	70% \$60.87	70% \$69.30	

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Amount due:

bind the Employer.

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 r	representative of the Employer and have the authority to legally

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Apprentice Rates Only for Apprentices enrolled prior to July 1, 2016
Remittance Report for Independent Contractors, Effective July 1, 2017:

Percentage	Straight	x Rate	Amount	Over	x Rate	Amount	Double	x Rate	Amount
	Hours		Due	Time		Due	Time		Due
50%		\$ 28.18			\$ 50.26			\$ 56.36	
60%		\$ 31.41			\$ 55.55			\$ 62.82	
70%		\$ 34.65			\$ 60.87			\$ 69.30	

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.

IPLOYER FEDERAL ID#_		UDED WITH EACH D	FRORT			
I INFORMATION BELOW MPLOYERS NAME:						
B LOCATIONEEK ENDING						
Social Security #	Last Name	First Name	Straight	Overtime	Double time	
			Hours	Hours	Hours	
			1			1
		Total Hours	x Rate	X Rate	X Rate	Total
			50%-\$28.18	50% \$50.26	50% \$56.36	
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Amount due:

bind the Employer.

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Signature of Corporate Officer	Print Name
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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

Indep Contractor Apprentice Breakdown FOR TH	pprentice !	Brea	kdown I	FOR	THOSE I	IOSE ENROLLED AFTER JULY 1, 2016	FTER JU	LY 1,	2016						
Eff. 7/1/2017	1st Year		ОТ		DT		2nd Year	ır	ОТ	DT	3r	3rd Year	ОТ	1	DT
Trust	\$ 9.71	↔	14.57	\$	19.42		\$ 9.71	71 \$	14.57	\$ 19.42	\$	9.71	\$ 14.57	\$	19.42
Pension	\$ 4.25	÷	6.38	\$	8.50		\$ 4.25	25 \$	6.38	\$ 8.50	\$	4.25	\$ 6.38	\$	8.50
Check Off	- \$	\$	-	\$	-		\$ 1.2	1.24 \$	1.86	\$ 2.48	\$	2.27	\$ 3.41	\$	4.54
Int. Check Off	\$ 0.33	Ş	0.50	\$	99.0		\$ 0.38	38 \$	3 0.57	\$ 0.76	\$	0.43	\$ 0.65	\$	0.86
Apprenticeship	- \$	❖		÷	-		\$ 0.20	\$ 02	0:30	\$ 0.40	\$	0.27	\$ 0.41	\$	0.54
Vacation	\$ 1.00	❖	1.50	\$	2.00		\$ 1.00	\$ 00	3 1.50	\$ 2.00	\$	1.00	\$ 1.50	\$	2.00
Annuity	٠ \$	❖	1	÷	ı		- \$	\$		\$ -	\$	_	\$ -	\$	1
780 LMT	- \$	Ş	-	\$	1		- \$	۷,	1	\$,	\$	-	\$,	\$	-
I.A.P.	- \$	❖	•	\$	-		\$ 0.32	32 \$	\$ 0.48	\$ 0.64	\$	0.32	\$ 0.48	\$	0.64
IND/ADMIN FEE	\$ 0.60	\$	06:0	\$	1.20		\$ 0.60	\$ 09	06:0	\$ 1.20	\$	09.0	\$ 06.0	\$	1.20
Total	\$ 15.89	\$	23.85	\$	31.78		\$ 17.70	\$ 02	3 26.56	\$ 35.40	\$	18.85	\$ 28.30	\$	37.70

Apprentice Rates Only for Apprentices enrolled after 7/1/16 Remittance Report for Independent Contractors, Effective July 1, 2017:

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	Hours		Due	Time		Due	Time		Due
1st Year		\$ 15.89			\$ 23.85			\$ 31.78	
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Social Security #	Last Name	First Name	Straight	Overtime	Double time	
			Hours	Hours	Hours	
		Total Hours	<u>x Rate</u>	X Rate	X Rate	Total due
			Yr 1-\$15.89	Yr1 -\$23.85	Yr1-\$31.78	
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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.	

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.

Apprentice Rates Only for Apprentices enrolled after 7/1/16 Remittance Report for Independent Contractors, 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		\$ 15.89			\$ 23.85			\$ 31.78	
2nd Year		\$ 17.70			\$ 26.56			\$ 35.40	
3rd Year		\$ 18.85			\$ 28.30			\$ 37.70	

Social Security #	Last Name	First Name	Straight	Overtime	Double time	
			Hours	Hours	Hours	
		Total Hours	<u>x Rate</u>	X Rate	X Rate	Total due
			Yr 1-\$15.89	Yr1 -\$23.85	Yr1-\$31.78	
			Yr 2- \$17.70	Yr2-\$26.56	Yr2- \$35.40	
			Yr 3 -\$18.85	Yr3- \$28.30	Yr3- \$37.70	
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