CEMENT MASONS' LOCAL 780 FRINGE BENEFIT FUNDS

Date Received by
Cement Mason's Local 780

Cement League Members & Other Associations
1983 Marcus Avenue, Suite C116
New Hyde Park, NY 11042
Phone: (516) 775-2280 - Fax: (516) 775-4064

APPRENTICE ONLY

	Straight Hours	x Rate =	AMT.	OT	x Rate =	AMT.	DT	x Rate =	AMT.
50%		27.42			49.39			54.84	
60%		30.47			54.40			60.94	
70%		33.53			59.45			67.06	
Total:									

MAKE ONE CHECK PAYABLE TO CEMENT MASONS' LOCAL 780 FRINGE BENEFIT FUNDS

The Employer hereby agrees that the reflected herein are made in conformity with Article VI, a copy reproduced on the reverse side of this remittance form, dealing with contributions to the Fund(s) in t standard Collective Bargaining Agreement with the Union and Employers who executed this Agreement and Declaration of Trust establishing the Fund(s) and the employers legal commitment to make th enclosed contributions.

Employer Federal ID # _____

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT - Print or Type

EMPLOYER'S NAME _____ TEL. _____
EMPLOYER'S ADDRESS _____ FAX _____
JOB LOCATION _____

Social Security No.	List Employees Names Alphabetically	Straight Hours	OT Hours	DT Hours	Total Hours

TOTAL HOURS:

Payments covering contributions to the Cement Masons' Trust Fund, Pension Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, I.A.P. Funds, New York Plan for the Construction Industry, 780 Labor Management Trust Cooperation and Local 780 Dues Check-Off and Pacmac shall be made weekly.I A single check covering the combinec Contributions to the above-mentioned Funds shall be made out to the Cement Masons' Local 780 Fringe Benefit Fund. This check shall be given to the shop steward or ceme 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 employer's 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 CORRRECT

Signature of Corporate Officer _____ Print Name _____