

EMPLOYER CONTRIBUTIONS ARE DUE AND PAYABLE BY: 10/15/2025

AND ARE DELINQUENT IF RECEIVED AFTER THE 20th: 10/20/2025

WORK MONTH: SEPTEMBER 2025

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

REPORTS HAVE NOT BEEN RECEIVED FOR THE WORK MONTHS INDICATED

Social Security Number (3)	Last Name Employee First Name (4)	Flat Rate Amount (5)	Straight Time Hours (6)	Time & 1/2 Hours (7)	Double Time Hours (8)	Full Fringe Hours (6)+(7)+(8) (9)	OT/DT Hours [0.5 x (7)] + (8) (10)	Full Fringe & OT/DT Hours (9) + (10) (11)		
									Full Fringes	Hourly Rate
SAMPLE									PENSION	15.00
									H/W	22.00
									TRAINING	3.10
									RET FUND	1.60
									401(a)	8.00
									CNTC ADMN	0.30
									HRA	0.75
									LM	0.05
									Total Hourly Rate (19) 50.80	
									Total Full Fringe (20) (16x19)	
										Hourly Rate
									401(a)	8.00
									HRA	0.75
									Complete (21) and (22) only when reporting OT/DT	
Total Hourly Rate (21) 8.75										
Total (22) (17x21)										
	Hourly Rate									
Total Hours Per Column		(12)	(13)	(14)	(15)	(16)	(17)	(18)	WORK DUES	2.87

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

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

Signature _____ Print Name _____ Title _____

Date _____ Phone _____ Email _____

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

Use Area Below to Compute
Total Payments on this Page.

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