MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS PERFORMING WORK IN THE JURISDICTION OF LOCAL # 102

CONTRACTOR NAME

ADDRESS

CITY, STATE

TELEPHONE#

EMPLOYER'S FEDERAL REGISTRATION # _____

TOTAL NUMBER EMPLOYED THIS PERIOD _____

BLDG. CONSTR. JOURNEYMAN'S WAGE RATE _____

PER HOUR $ _____

This Transmittal covers ALL Payroll Weeks Ending on the last Sunday of the month for the "month of" _____ Year 20____

This report and payment shall be made to reach the office of I.E. Shaffer & Co. no later than fifteen (15) calendar days following the end of each month.

CATEGORY	BASED/ HOURS	JOURNEYMAN/ APPRENTICE	RESIDENTIAL CE/CW	TELEDATA	OTHER	TOTAL
TOTAL GROSS PAY		$	$	$	$	$
TOTAL GROSS HOURS						
TOTAL CLOCK HOURS						
HEALTH & WELFARE		$	$	$	$	$
PENSION		$	$	$	$	$
JATC		$	$	$	$	$
ANNUITY		$	$	$	$	$
PERSONAL/ VACATION		$	$	$	$	$
WORKING DUES		$	$	$	$	$
OTHER		$	$	$	$	$
NEBF		$	$	$	$	$
TEMP. DISABILITY		$	$	$	$	$
NNJCAMF		$	$	$	$	$
NJEIF		$	$	$	$	$
NLMCC		$	$	$	$	$
OTHER		$	$	$	$	$

MAKE ONE CHECK PAYABLE TO: IBEW LOCAL UNION #102 DISTRIBUTION FUND
MAIL TO: I.E. Shaffer, P.O. Box 1028, West Trenton, NJ 08628

TOTAL BENEFITS DUE $

CHECK ONE:

- First report in this Local Union area ☐
- Final report in this Local Union area ☐
- When more forms are needed ☐

CHECK TYPE OF BUSINESS ENTITY:

- Single Proprietorship ☐
- Partnership ☐
- Corporation ☐

- Traveling Contr. ☐
- Permanent Contr. ☐

NOTE: *SEE THE APPROPRIATE LOCAL UNION INSTRUCTION SHEET FOR ASSISTANCE IN COMPLETING THIS FORM. A COMPUTER PRINT-OUT OR MPR CONTINUATION SHEET MUST ACCOMPANY EACH COPY OF THIS SUMMARY SHEET.

The Employer reporting herein recognizes that it is bound by all associated trusts contained within the Local 102 Collective Bargaining Agreement and has received a copy of said agreement. The employer also recognizes that it is bound by the Restated Employee Benefits Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of this Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The Employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The Employer further certifies that if it is reporting on behalf of a related organization as described in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement. By forwarding payment hereunder I acknowledge and accept my obligations under the current Collective Bargaining Agreement and the Agreements and Declarations of Trust for the employee benefit funds.

SIGNATURE: _____

PRINTED NAME AND TITLE: _____

DATE: _____

JBOT/UNION COPY

PAGE #_____

CONTINUATION SHEET

PLEASE PRINT OR TYPE

NAME

LU # WHERE WORK IS PERFORMED_____

ADDRESS

CITY, STATE

EMPLOYERS FEDERAL ID #_____

TELEPHONE

THIS TRANSMITTAL COVERS ALL PAYROLL WEEKS ENDING IN CALENDAR MONTH OF **YEAR 20**

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1. BUILDING CONSTRUCTION (JOURNEYMAN WIREMAN) **2.** MOTOR REPAIR **3.** SIGN **4.** COMMUNICATIONS-TELEDATA (TECHNICIAN) **5.** MAINTENANCE **6.** INSIDE APPRENTICE **7.** OUTSIDE CONSTRUCTION **8.** OUTSIDE APPRENTICE **17.** MAINTENANCE (OTHER THAN ELECTRICAL CONTRACTOR) **18.** UTILITY **22.** RESIDENTIAL JOURNEYMAN (NO L. U. PENSION) **23.** RESIDENTIAL APPRENTICE (NO L.U. PENSION) **26.** OTHER (NON-BARGAINING UNIT-OFFICE) **27.** ALUMNI **31.** 1ST & 2ND PERIOD APPRENTICE **41.** RESIDENTIAL JOURNEYMAN (WITH L.U. PENSION) **51.** TELEDATA TRAINEE **61.** PORTABILITY

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5				COL. 6	COL. 7	COL. 8	COL. 9	COL. 10	COL. 11
				CLOCK HOURS									
SOCIAL SECURITY #	NAME of EMPLOYEE (Last Name, First Name, Middle Initial)	CLASS CODE	PAY RATE	REG.	1½ X	2X	TOTAL	GROSS WAGES	ANNUITY	PERSONAL FUND	WORKING DUES	PENSION	OTHER

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AFL-CIO-CLC UNION USWA LABEL LOCAL-1408

PAGE # _____

CONTINUATION SHEET

PLEASE PRINT OR TYPE

FOR SHIFT WORK ONLY

NAME

LU # WHERE WORK IS PERFORMED _____

ADDRESS

CITY, STATE

EMPLOYERS FEDERAL ID # _____

TELEPHONE

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FOR SECOND SHIFT

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5				COL. 6	COL. 7	COL. 8	COL. 9	COL. 10	COL. 11
				CLOCK HOURS									
SOCIAL SECURITY #	NAME of EMPLOYEE (Last Name, First Name, Middle Initial)	CLASS CODE	PAY RATE	REG.	1½X	2X	TOTAL	GROSS WAGES	ANNUITY	PERSONAL FUND	WORKING DUES	PENSION	OTHER

FOR THIRD SHIFT

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AFL-CIO-CLC UNITED USW LOCAL 1408