

PAYMENT DATE:

"Benefits and deductions are due on or before the fifteenth (15th) day of the month following the month in which hours are worked. For payment after the fifteenth, but prior to the end of the month, a liquidated damage assessment of 5% of the total due will be payable. For payment submitted during the second month of delinquency, an additional 5% of the total due will be payable. An additional 1% of the total due per month will be added for succeeding months of delinquency. (Refer to Collective Bargaining Agreement.)"

PAYROLL REPORT FORM

TEL. (419) 248-2401
 P.O. BOX 697
 TOLEDO, OHIO 43697-0697

Covering Weeks Ending

For Month of

(TYPEWRITE OR PRINT CLEARLY)

Social Security No.	Name of Employee	HOURS			Welfare Hours	Savings Plan Deduction Amount	Pension Hours	Industry Admin. & Prom't'n Hrs.	Trades Council & Union Assessments Deduction Amount	Craft Code No.
		Regular Hours	Premium Hours							
					\$			\$		
					\$			\$		
					\$			\$		
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					\$			\$		
					\$			\$		
					\$			\$		
TOTALS					\$			\$		

I certify that the information contained in this report is a complete and accurate statement of all employees working for us in accordance with the existing labor agreements in the Toledo area.

Signed by _____ Title _____
 _____ Name of Employer _____
 _____ Street Address _____
 _____ City, State and Zone _____
 _____ Telephone Number _____

MORE FORMS NEEDED?
 BOTH FORMS
 ONLY PAYROLL REPORT FORMS
 ONLY SUMMARY SHEETS