

For Fund Use Only

IRONWORKERS LOCAL 11 BENEFIT FUNDS AND TRAINING FACILITY

Local 11

WEEKLY HOURS REPORT

12 Edison Place, Springfield, NJ 07081-1310 – Phone (973) 376-7230

Employer

Address

Telephone #

Federal ID #

Report prepared by

Date

**Reporting Week
(1 Week Only)**

From

Thru

**Job Location
(City)**

AGREEMENT

The Undersigned accepts and agrees to be bound as a signatory to:

1. The Agreements and Declarations of Trust establishing the Ironworkers Local 11 Benefit Funds and Training Facility, International Association of Bridge, Structural, Ornamental and Reinforcing Ironworker's (Union) Annuity, Pension, Welfare (Vacation Benefit) and Apprenticeship Training Funds and all Rules and Regulations adopted thereunder (specifically described and named in the agreements mentioned in paragraph 2 below) and,
2. The provisions, terms and conditions of the applicable collective Bargaining Agreement presently in effect, between said Union and New Jersey Steel Association, Inc.; Rigging Contractors of New Jersey; the Associated Construction Contractors of New Jersey; the Construction Contractors Labor Employers of NJ; and the New Jersey Glass and Metal Contractors Association; as well as the said agreements and declarations of trust are incorporated herein by reference.
3. All disputes, claims and questions arising out of the employment of Ironworkers and payments for contributions to the various above named Funds may be, at the option of Ironworkers Local 11 decided by arbitration in accordance with the Collective Bargaining Agreement and in accordance with the procedures established by the N.J. Mediation Service. Employers may be represented at the hearing by counsel and if an employer fails to appear, an award may be rendered against such defaulting employer.

Name of Authorized Officer (Please Print)

Date

Signature of Authorized Officer and Title

Date

Type of Work (Please circle one only) **STRUCTURAL** **ROD** **APPRENTICE**
(OTHER)

	Social Security No.	Employee Name (Alphabetically)	Straight time	Overtime	Hours	Total Hours	Benefit	Assessment	Per Capita	Amount
			Hours	1.5 X	2.0 X	Paid	Rate	Rate	Tax	Submitted
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Please make checks payable to: Ironworkers Local 11 Benefit Funds