

For Fund Use Only

IRONWORKERS LOCAL 11 BENEFIT FUNDS AND TRAINING FACILITY

Local (Please circle one only)

WEEKLY HOURS REPORT

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

11

www.ironnj.com

Employer

Address

Telephone #

Federal ID #

Report prepared by

Date

Reporting Week ( 1 Week Only)

From

Thru

Job Locations (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) Vacation, Annuity, Pension, Welfare 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 Structural Steel and Ornamental Iron Association of New Jersey, Inc. and Rigging Contractors of New Jersey; 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 declaration 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 the 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)

Signature of Authorized Officer and Title

Date

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

Page of

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

Please make check payable to: Ironworkers Local 11 Benefit Funds