MONTHLY REPORT OF PAYMENTS TO

Central Laborers' Annuity Funds

PO BOX 1267
JACKSONVILLE, ILLINOIS 62651
PHONE 217-243-8521 / FAX 217-245-1293
http://www.central-laborers.com
Email: contributions@central-laborers.com

SEE INSTRUCTIONS ON THE REVERSE SIDE FOR COMPLETION OF THIS FORM

EMPLOYER NO.	CONTRACT NO.	REFERENCE NO.	LOCAL UNION NO.	FOR MONTH-YEAR	DUE DATE
			0041		

Business Phone Number _____

Location of Work (project) (city) _____

Type of Agreement ☐ H&H ☐ BLDG ☐ Other

Check if this is your final report for this Local ☐

Check if no laborers worked in this period ☐

Check if you are no longer operating in CLPF area ☐

EMPLOYEE SSN	NAME OF EMPLOYEE	TOTAL HOURS FOR MONTH	OVERTIME PREMIUM HRS	GROSS PAY	WORK DUES WITHHELD
	PAGE TOTAL:				
	GRAND TOTAL PAGES:				

FUND	HOURS	RATE	AMOUNT
ANNUITY		1.55	
TOTAL:			

NOTE
MAKE ONE PAYMENT FOR ALL FUNDS COLLECTED BY THE CENTRAL LABORERS' OFFICE

FOR CENTRAL LABORERS OFFICE USE ONLY. DO NOT COMPLETE THIS AREA

RECEIVED	CHECK NO.	AMOUNT $
SHORTAGE	OVERPAYMENT	$

By completing and submitting this report, the employer named hereon certifies (a) that the employer is a signatory to a current written Collective Bargaining Agreement (CBA) with the Local Union or District Council covering the geographic area and type of work performed by the employees listed hereon that requires contributions to the funds specified above for which payment is made herewith, or that if the employer is not a signatory to such current written CBA, the employer hereby becomes signatory to such agreement by virtue of submitting this report form and making payments hereunder and further agrees to be bound by and observe the terms and provisions of such written CBA; (b) that the contributions reported hereon are required by and are paid in accordance with such current written CBA; (c) that all of the employees listed hereon are employees covered by such current written CBA and this report includes all hours worked by such employees for the month specified above; (d) that the employer agrees to be bound by each of the fund's applicable trust agreements, including amendments thereto, establishing the funds for which payment is made herewith; (e) that the employer has accepted the applicable schedule to the Pension Fund's rehabilitation plan that is consistent with the contribution rates being remitted herein and which is incorporated by the CBA to which the employer is a signatory; and (f) that the information reported hereon is true and correct.

By: _____ Title: _____ Date: _____

Signature