Training and Educational Fund
CEMENT AND CONCRETE WORKERS - D.C. 16
APPRENTICE ONLY

DATE RECEIVED

35-30 Francis Lewis Boulevard • Flushing, N.Y. 11358
Phone: (718) 762-6133 • Fax: (718) 762-5144

EMPLOYER'S REMITTANCE REPORT AND AGREEMENT
Rates For 7/1/17 through 6/30/18 B-BOOK
Associated Members

1ST YEAR FRINGE BENEFITS	
1. Welfare	$8.50 per hr.
Pension	$- .00 per hr.
Industry Advancement	$0.26 per hr.
NYSLECET	$0.10 per hr.
LNHSF	$0.05 per hr.
Training & Apprenticeship	$0.79 per hr.
Scholarship & Lab Mang.	$0.56 per hr.
2. **AMOUNT DUE**	**$10.26 per hr.**

2ND, 3RD YEAR FRINGE BENEFITS	
1. Welfare	$8.50 per hr.
Pension	$4.00 per hr.
Industry Advancement	$0.26 per hr.
NYSLECET	$0.10 per hr.
LNHSF	$0.05 per hr.
Training & Apprenticeship	$0.79 per hr.
Scholarship & Lab Mang	$0.56 per hr.
2. **AMOUNT DUE**	**$14.26 per hr.**

ANNUITY	STRAIGHT HRS. (MON. - FRI.)	TIME & HALF HRS. (SATURDAY)	DOUBLE TIME HRS. (SUN. & HOL.)
1st Year	$1.50	$2.25	$3.00
2nd Year	$1.95	$2.92	$3.90
3rd Year	$2.55	$3.83	$5.10

DUES * PAC * ORGANIZING * VACATION	
1st Year	$1.15
2nd Year	$3.99
3rd Year	$4.23

	STR. HRS.	X RATE =	AMT.	1.5 HRS.	X RATE =	AMT.	DBL. HRS.	X RATE =	AMT.	TOTAL
0- 1334 hrs		12.91			13.66			14.41		
1335-2668 hrs		20.20			21.17			22.15		
2669-4000 hrs		21.04			22.32			23.59		
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TOTAL										

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT - Print or Type

EMPLOYER'S NAME _____ TEL. _____

EMPLOYER'S ADDRESS _____ FAX _____

JOB LOCATION (IF MORE THAN ONE LOCATION, LIST ALL LOCATIONS) (1) _____ (2) _____

(3) _____ (4) _____

NAME AND ADDRESS OF GENERAL CONTRACTOR _____

Report for week ending _____ Employer Federal ID Number _____

The Undersigned Employer hereby certifies that the information contained in this report and the attached schedule is true and correct, that the hours reported represent all hours worked by any cement and concrete worker in the employ of the named Employer for the period specified.

The undersigned Employer hereby adopts and makes a part hereof the terms and conditions and the agreements printed on the rever se side hereof with the same force and effect as if fully set forth herein. The person signing this report on behalf of the Employer hereby consents and agrees to bepersonally bound by and to assume all of the terms and conditions, rights, liabilities and responsibilities of an employer in accordance with the provisions of the Collective Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-Aand 20, with the same force and efect as if fully set forth herein, and warrants and represents that he has authority to bind the Employer and the principals or members thereof.The Employer agrees to make all contributions in accordance therewith in the amount set forth on this report for each hour of employment performed within the trade and geographical jurisdiction of the District Council.

SIGNATURE OF CORPORATE OFFICER OR PARTNER _____ DATE _____

Print Name of Signer: _____ Title _____

SOCIAL SECURITY NUMBER	NAME	CLASS	STRAIGHT HOURS	TIME & HALF HOURS	DOUBLE HOURS	TOTAL HOURS

FOR ADDITIONAL FORMS GO TO WWW.CCWBF.ORG