

CEMENT & CONCRETE WORKERS DISTRICT COUNCIL FRINGE BENEFIT FUNDS

214-38 42nd Avenue, 2nd Floor, Bayside, NY 11361 Phone: (718) 762.6133 * Fax: (718) 762-5144

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

B-Book

THE CEMENT LEAGUE

APPRENTICE ONLY

JULY 1st 2024 TO JUNE 30th 2025

FIRST YEAR APPRENTICE						
Welfare Fund	\$ 10.45					
Pension Fund	\$ 0.00					
Industry Advancement	\$ 0.26					
NYSLECET	\$ 0.15					
LNHSF	\$ 0.10					
Training & Apprentice	\$ 0.94					
Scholarship	\$ 0.06					
Labor Management	\$ 0.50					
Amount due per hour	\$ 12.46					

Print Name of Signer:_

APPRENTICE
\$ 11.45
\$ 3.00
\$ 0.26
\$ 0.15
\$ 0.10
\$ 0.94
\$ 0.06
\$ 0.50
\$ 16.46

ANNUITY	STRAIGHT HRS {Monday – Friday}	TIME & HALF HRS {Saturdays}	DOUBLE TIME HRS {SUNDAYS & HOLIDAYS}
1 st YEAR	\$ 2.65	\$ 3.98	\$ 5.30
2 nd YEAR	\$ 3.45	\$ 5.18	\$ 6.90
3 rd YEAR	\$ 4.25	\$ 6.38	\$ 8.50

Title

	DUES	PAC ORG NYS		NYSLOF	VACATION	N TOTAL	
1st YEAR	\$ 0.00	\$ 0.10	\$ 0.00	\$ 0.30	\$ 2.09	\$ 2.49	
2 nd YEAR	\$ 3.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.57	\$ 7.32	
3 rd YEAR	\$ 3.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 3.05	\$ 7.80	

	STR HRS	X RATE	AMT	1.5 HRS	X RATE	AMT	DBL HRS	X RATE	AMT	TOTAL
0-1334 hrs.		\$ 17.60			\$ 18.93			\$ 20.25		
1335-2668 hrs		\$ 27.23			\$ 28.96			\$ 30.68		
2669-4000 hrs		\$ 28.51			\$ 30.64			\$ 32.76		
TOTAL										

EMPLOYERS NAME: TEL: __ **EMPLOYERS ADDRESS:** JOB LOCATION: FAX: {If more than 1 list all} NAME AND ADDRESS OF GENERAL CONTRACTOR: Employers Federal ID Number:** Report for week beginning: ___ and ending: ___ {PLEASE ENTER BOTH DATES - THANK YOU} 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 reverse 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 be personally 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-A and 20, with the same force and effect 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 SIGNATURE OF CORPORATE OFFICER OR PARTNER_____ DATE

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

	SOCIAL SECURITY NUMBER	NAME	STRAIGHT HOURS	TIME & HALF HOURS	DOUBLE HOURS	TOTAL HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						