



EMPLOYER'S CONTRIBUTION REPORT - EFFECTIVE JULY 1, 2024

Operating Engineers Local 825 Benefit Funds

PLEASE TYPE or PRINT Use Ball Point Pen

65 Springfield Avenue, Second Floor, Springfield, NJ 07081 (973) 671-6800 • (973) 921-9386 Fax

FOR FUND USE ONLY

Reference No. Date Rec'd Mailing No. Acct. No. Check No. Rate

Employer's Name Address Contact Person Telephone No.

Job Site:

- 1. PAYROLL PERIOD From To 2. TOTAL GROSS WAGES 3. TOTAL HOURS PAID 4. SUB FUND CONTRIBUTION 5. WELFARE FUND CONTRIBUTION 6. PENSION FUND CONTRIBUTION 7. SAVINGS FUND CONTRIBUTION 8. APPRENTICE TRAINING CONTRIBUTION 9. ANNUITY FUND CONTRIBUTION 10. LABOR MNGT. FUND CONTRIBUTION 11. IND. ADV. FUND CONTRIBUTION 12. POLITICAL ACTION COMMITTEE 13. WORKING ASSESSMENT

SUBTOTAL (4 - 11 above)

GRAND TOTAL (4 - 13 above)

MAKE CHECK PAYABLE TO: Operating Engineers Local 825 Benefit Fund

THE UNDERSIGNED, on behalf of the Employer herein named, agrees to be bound to the following:

- 1. All terms and conditions embodied in the Agreements and Declarations of Trust... 2. All terms and conditions embodied in the collective bargaining agreements presently in effect between International Union of Operating Engineers Local 825 and AGC/CLE of NJ...

THE UNDERSIGNED certifies that he or she is a duly authorized representative of the Employer with actual or implied authority to bind the Employer to the terms and conditions set forth herein...

Authorized Signature: Title: Date:

Table with 7 columns: Employee's Social Security Number, Employee's Full Name, HOURS WORKED (Shift, Straight Time, Time & Half, Double Time), TOTAL HOURS PAID, Hourly Rate, Total Earnings, Working Assess. 3% of Column 5, Political Action .5% of Column 5.