ASBESTOS WORKERS SYRACUSE WELFARE, PENSION & ANNUITY FUNDS
SYRACUSE ASBESTOS WORKERS APPRENTICESHIP FUND
HEAT & FROST INSULATORS LOCAL #30 DUES & VACATION FUNDS
INDUSTRY ADVANCEMENT & LMCT FUNDS

EMPLOYER'S MONTHLY REPORT

Of hours worked by Employees Covered By Colllective Bargaining Agreement with The International Association of Heat and Frost Insulators and Allied Workers Local #30

For The Payroll Period Ending _____ No. Of Weeks _____

Reports are to be submitted as of the Last Complete Payroll Period of each Calendar Month and must be Mailed on or before the 10th of the next month together with separate checks for each fund in the correct amount as determined below:

NAME	HOURS WORKED	SOCIAL SECURITY #	NAME	HOURS WORKED	SOCIAL SECURITY #
			1ST AND 2ND YEAR APPRENTICES ONLY THIS AREA		
TOT. HRS WORKED MECHANICS THIS COLUMN		0	TOTAL HOURS WORKED MECHANICS THIS COLUMN		0
			TOTAL HOURS WORKED 1ST AND 2ND YEAR ONLY		0
			TOTAL HOURS WORKED THIS MONTH		0

	WELFARE FUND	PENSION FUND	ANNUITY FUND	APPRENTICE FUND	DUES FULL	DUES 1ST/2ND	VACATION FUND	IND/ADV FUND	LMCT FUND
HRS									
RATE	$ 11.09	$ 10.35	$ 2.50	$ 0.35	$ 3.05	$ 1.53	$ 2.00	$ 0.02	$ 0.05
TOT.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MAIL CHECKS WITH 5 COPIES OF THIS REPORT TO :

Insulators Local 30 Funds-Attn: Donna PO Box 2428, Liverpool, NY 13089

EMPLOYER NAME:
ADDRESS:

PHONE:

COMPLETED BY: _____
TITLE: _____
DATE: _____