



REPORTING CODES

ENTER APPROPRIATE REPORTING CODE IN THE WEEKLY

COLUMN NEXT TO OR IN LIEU OF HOURS REPORTED

T=TERMINATED L=LAIDOFF Q=QUIT C=CASUAL

S=SICK D=DISABILITY V=VACATION R=RETIRE

LA=LEAVE OF ABSENCE TR=TRANSFERRED

RT=RESTORE/RETURN WC=WORKMANS COMP

Employer No. _____
This report covers members of: **TIE Benefit Funds**

Week Ending

This Employer, through its authorized representative for the purpose of submitting same and whose signature appears below, hereby certifies to the Trustees of the Welfare, Pension, Annuity, and Training and Safety Funds, [provided there is an Employer obligated to contribute to such Fund(s)], that each and every person whose name is set forth above and for whom contributions are being made is an employee of this Employer and covered by a written collective bargaining agreement between the Employer and the Local Union, or is otherwise obligated to make contributions to the Funds, for the period of time for which the contributions are being made. None of the employees listed above is an owner or part owner of this company or employed as a supervisor in a managerial capacity. The employees listed above are the only employees for whom the Employer is obligated to make contributions to the Funds. Contributions are due ten days after the close of the month.

Total Remittance Amount

DATE