STAPLE CONTINUATION SHEETS HERE	MONTHLY PAYROLL REPO				CTORS PER	VELING CONTR. MANENT CONTR. 10 No. 1	
Г	PLEASE TYPE OR PRINT				-1576 J. 6 VF. APARD 15-0-2-01150 C. F.		
NAME		1	1 22 20 20 20 20 20 20 20 20 20 20 20 20		RK IS PERFORMED		
ADDRESS			REGISTRATION				
CITY, STATE	TOTAL NUMBI EMPLOYED THIS PERIOD -				Bidg. Constr.	8ldg. Constr.	
					Journeyman's Wage Rate Per Hour \$		
	ALL Payroll Weeks Ending as Shown Below		er than fifteen (15)		office of the appropriate wing the end of each EINSTRUCTIONS.		
		NS TO BE USED I	N COLUMN NO. 3	SIDE FOR COMMITTEE			
2 Motor Řepair 6 3 Sign 7	Inside Apprentice 12 Outside Apprentice 18 U Outside Construction 13 Others - Outside 19 C	Itility	han electrical contracter than electrical contracted than electrical contra	23 Residenti ractors) 24 Material I	al Journeyman al Apprentice Handlers/Helpers cluding non-bargaining a	27 "Alumni" admin)	
COLUMN I	COLUMN 1 COLUMN 2		2		COLUMN 4	COLUMN 5	
SOCIAL SECURITY NUMBER		NAME OF EMPLOYEE LAST NAME AND INITIALS		CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	
	TOTAL THIS PAGE						
TOTAL NUMBER PAGES	THIS REPORT GRAND TOTAL ALL	PAGES					
MAKE CHECK PAYABL	E TO NATIONAL ELECTRICAL BENEFIT	The employer rep the National Elect The employer ac	orting herein recognize rical Benefit Fund and a knowledges having re	s that it is bound by the grees to make the requ greesed a copy of the	Restated Employees Beneited contributions to the Fabove Agreement. The attement of hours worker	und as provided for thereis imployer certifies that the	
Check here		employees subject that if contribution	t to employer contribut ns are made on beha	ions (pursuant to Articl if of non-bargaining of	e 6 of the Agreement). The unit employees, it is make	e employer further certified ting such contributions is	
The state of the s	n this Local Union area	accordance with A employees only, e	Article 6 of the Agreeme xcept those who may t	nt and it is either coveri se excluded pursuant to	ng all such non-bargainin Section 6.3 of the Agreer n as defined in Article 6.0	g unit employees or alum nent. The employer furth	

When more forms are needed

CHECK TYPE OF BUSINESS ENTITY

Final report in this Local Union area

SINGLE PROPRIETORSHIP CORPORATION ___

PARTNERSHIP

Form MPR-1 1/94

employees of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

SIGNATURE AND TITLE ___

