WHITE - BENEFIT FUND COPY
CANARY - UNION COPY
PINK - EMPLOYER COPY

BENEFIT FUND 341-6183
1-800-858-7870
LOCAL UNION 341-6180
FOR MORE FORMS, CHECK HERE ☐

CONSOLIDATED REPORT FORM

SHOPMEN'S LOCAL 527 BENEFIT, PENSION, SAVINGS FUNDS AND SHOPMEN'S LOCAL UNION NO. 527
2945 BANKSVILLE ROAD, PITTSBURGH, PA 15216

_____ SIGNED BY _____ DATE _____

NAME OF EMPLOYER

_____

STREET ADDRESS

_____

CITY, STATE, ZIP CODE PHONE NO.

REPORT FOR WHOLE WEEKS ONLY FROM _____ TO _____, 19____
MONTH DATE MONTH DATE

NAME OF EMPLOYEE LIST ALPHABETICALLY LAST NAME FIRST	SOCIAL SECURITY NUMBER	EMPLOYEE STATUS AND DATES, HIRED, FIRED, LAID OFF, RECALLED, QUIT, VACA., ILLNESS, INJURY RETD. TO WORK	COLUMN 1 PROBATIONARY AND REGULAR EMPLOYEES: ACTUAL HOURS WORKED (ALL FUNDS)	COLUMN 2 REGULAR EMPLOYEES ONLY: BALANCE TO 150 HR. MINIMUM REQUIRED (ALL FUNDS)	COLUMN 3 EXTENDED COVERAGE 150 HOUR MINIMUM REQUIRED FOR LAYOFF, ILLNESS, INJURY (BENEFIT)	EMPLOYEES: REGULAR STRAIGHT TIME HOURLY RATE	INITIATION OR REINSTATEMENT FEE AND/OR UNION DUES 2 X STRAIGHT TIME HOURLY RATE + PERCAPITA	SAVINGS FUND: 2% OF GROSS MONTHLY WAGES, OR OTHER AUTHORIZED DEDUCTION
		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
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		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
		DATE					FEE DUES	
		TOTAL HOURS				TOTAL MONIES DEDUCTED	$	$

TOTAL HOURS ALL PAGE _____

BENEFIT COMPOSITION: _____ ¢ PER HOUR X TOTAL OF COLUMNS 1, 2 & 3 FROM ALL PAGES _____ - $ _____

PENSION CONTRIBUTION: _____ ¢ PER HOUR X TOTAL OF COLUMNS 1 & 2 FROM ALL PAGES _____ - $ _____

TOTAL OF PAGES SAVINGS FUND $ _____ TOTAL ALL PAGES FEES & DUES $ _____

Make Separate Checks Payable to each Fund and/or to the Union and they should be mailed to the Fund Office not later than the 10th of the month following the month for which the report is due.