

# MONTHLY REPORT OF PAYMENTS TO

## Central Laborers' Annuity Fund

PO BOX 1267  
 JACKSONVILLE, ILLINOIS 62651  
 PHONE 217-243-8521 / FAX 217-245-1293  
 http://www.central-laborers.com  
 Email: contributions@central-laborers.com

**SEE  
 INSTRUCTIONS  
 ON THE REVERSE  
 SIDE FOR  
 COMPLETION OF  
 THIS FORM**



EMPLOYER NO.	CONTRACT NO.	REFERENCE NO.	LOCAL UNION NO.	FOR MONTH - YEAR	DUE DATE

BUSINESS PHONE NUMBER \_\_\_\_\_

LOCATION OF WORK (PROJECT) \_\_\_\_\_ (CITY) \_\_\_\_\_

TYPE OF AGREEMENT:  H&H  BLDG  OTHER \_\_\_\_\_

- CHECK IF NO LABORERS WORKED IN THIS PERIOD.
- CHECK IF THIS IS YOUR FINAL REPORT FOR THIS LOCAL.
- CHECK IF YOU ARE NO LONGER OPERATING IN CLAF AREA.

IF ADDING NEW EMPLOYEE, INCLUDE FULL SSN#

EMPLOYEE SSN	NAME OF EMPLOYEE	TOTAL NUMBER HOURS FOR MONTH
<b>PAGE TOTAL:</b>		
<b>GRAND TOTAL ALL PAGES:</b>		

FUND	HOURS	RATE	AMOUNT
<b>TOTAL:</b>			

**NOTE**  
 MAKE ONE PAYMENT FOR ALL FUNDS COLLECTED BY THE  
 CENTRAL LABORERS' OFFICE

**FOR CENTRAL LABORERS OFFICE USE ONLY.**  
**DO NOT COMPLETE THIS AREA**

RECEIVED	CHECK NO.	AMOUNT
		\$
SHORTAGE	OVERPAYMENT	
		\$

By completing and submitting this report, the employer named hereon certifies (a) that the employer is a signatory to a current written Collective Bargaining Agreement (CBA) with the Local Union or District Council covering the geographic area and type of work performed by the employees listed hereon that requires contributions to the funds specified above for which payment is made herewith, or that if the employer is not a signatory to such current written CBA, the employer hereby becomes signatory to such agreement by virtue of submitting this report form and making payments hereunder and further agrees to be bound by and observe the terms and provisions of such written CBA; (b) that the contributions reported hereon are required by and are paid in accordance with such current written CBA; (c) that all of the employees listed hereon are employees covered by such current written CBA and this report includes all hours worked by such employees for the month specified above; (d) that the employer agrees to be bound by each of the fund's applicable trust agreements, including amendments thereto, establishing the funds for which payment is made herewith; (e) that the employer has accepted the applicable schedule to the Pension Fund's rehabilitation plan that is consistent with the contribution rates being remitted herein and which is incorporated by the CBA to which the employer is a signatory; and (f) that the information reported hereon is true and correct.

By: \_\_\_\_\_  
 Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

