

**FUND OFFICE  
COPY**

**MONTHLY REPORT OF PAYMENTS TO  
CEMENT MASONS' UNION, LOCAL 502, SAVINGS FUND, WELFARE,  
PENSION AND APPRENTICE EDUCATIONAL & TRAINING TRUST FUNDS**

P.O. BOX 71650

CHICAGO, IL 60694-1650

PHONE: 708-544-9107 EXT. 218 & 225  
FAX: 708-544-9130

ACCOUNT NO.

FOR OFFICE USE ONLY

**PLEASE CHECK HERE**

- FINAL report
- Send more forms
- Change of address
- Change in name
- No work this month

FIRM  
NAME

ADDRESS

CITY

BUS. PHONE  
& AREA CODE



**URGENT: AN EMPLOYER MUST FILE THIS REPORT EVEN THOUGH NO CEMENT MASONS WERE EMPLOYED. IF NO CEMENT MASONS WERE EMPLOYED DURING THE MONTH, CHECK HERE**

HOURS WORKED  
DURING THE  
MONTH OF

REPORT DUE 15th OF MONTH. LATE REPORTS SUBJECT TO MINIMUM OF 15% LIQUIDATED DAMAGES

COLUMN 1 SOCIAL SECURITY NUMBER	COL. 2 NAME OF EMPLOYEE		COL. 3 REGULAR HOURS	COL. 4 SATURDAY HOURS	COL. 5 DOUBLE TIME HOURS	COL. 6 TOTAL HOURS
	LAST NAME	FIRST NAME				

2018-2019

EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants that this report accurately states all hours worked by all Journeymen and Apprentices in its employ. In addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Cement Masons' Local 502, the Builders Association of Chicago, and the Concrete Contractors Association of Chicago and the Illinois Road Builders Association of Chicago. Further, the undersigned hereby expressly accepts and agrees to be bound by the trust agreements governing Cook County Cement Masons' Welfare, Pension, Savings and Apprentice Trust Funds, et al., and accepts all of the terms thereof with the intention of providing benefits to its Cement Masons.

\_\_\_\_\_  
SIGNATURE OF OWNER-PARTNER-OFFICER

<b>DO NOT USE THE SPACE BELOW</b>	<u>41.90</u> TOTAL HRS. WORKED (COL. 6) \$
	RECEIVED DATE
	<u>6.00</u> DOUBLE TIME HRS. WORKED (COL. 5) \$
	<u>3.00</u> SATURDAY HRS. WORKED (COL. 4) \$
	ADJUSTMENTS \$
	TOTAL AMOUNT DUE \$

**MAKE ONE CHECK PAYABLE TO:**  
CEMENT MASONS' LOCAL 502 FRINGE  
BENEFITS FUNDS.

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FIRM  
NAME



ADDRESS **1ST and 2ND YEAR APPRENTICE RATE**  
CITY **JUNE 1, 2018 TO MAY 31, 2019**

BUS. PHONE  
& AREA CODE

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HOURS WORKED DURING THE MONTH OF

REPORT DUE 15th OF MONTH. LATE REPORTS SUBJECT TO MINIMUM OF 15% LIQUIDATED DAMAGES

COLUMN 1 SOCIAL SECURITY NUMBER	COL. 2 NAME OF EMPLOYEE		COL. 3 REGULAR HOURS	COL. 4 SATURDAY HOURS	COL. 5 DOUBLE TIME HOURS	COL. 6 TOTAL HOURS
	LAST NAME	FIRST NAME				

2018-2019

<p>EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants that this report accurately states all hours worked by all Journeymen and Apprentices in its employ. In addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Cement Masons' Local 502, the Builders Association of Chicago, and the Concrete Contractors Association of Chicago and the Illinois Road Builders Association of Chicago. Further, the undersigned hereby expressly accepts and agrees to be bound by the trust agreements governing Cook County Cement Masons' Welfare, Pension, Savings and Apprentice Trust Funds, et al., and accepts all of the terms thereof with the intention of providing benefits to its Cement Masons.</p> <p>_____ SIGNATURE OF OWNER-PARTNER-OFFICER</p>	<p><b>DO NOT USE THE SPACE BELOW</b></p>	<p>36.90 TOTAL HRS. WORKED (COL. 6) \$</p>
	<p>RECEIVED DATE</p>	<p>1.00 DOUBLE TIME HRS. WORKED (COL. 5) \$</p>
	<p> </p>	<p>.50 SATURDAY HRS. WORKED (COL. 4) \$</p>
	<p> </p>	<p>ADJUSTMENTS \$</p>
	<p> </p>	<p>TOTAL AMOUNT DUE \$</p>
	<p> </p>	<p><b>MAKE ONE CHECK PAYABLE TO:</b> CEMENT MASONS' LOCAL 502 FRINGE BENEFITS FUNDS.</p>
	<p> </p>	<p> </p>