LOCAL UNION NO. 245

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P.O. Box 548 2220 Center Street West North Kingsville, OH 44068

OPERATING FUND REPORT

This report is due no later than the 10th calendar day after the end of the reported month.

Operating Fund Report for all weeks ending in calendar month of							
Name o	f Employer						
Employ	rer Address		Phone				
Local #	Employee Name	Social Security #	Regular Hours	Overtime Hours	Gross Pay	4% Gross Pay ¹	\$.10 per hour Maintenance ²
				Totals			
Make checks payable to: Laborers' Local 245							
Forward check and one copy of this form to: Laborers' Local 245 P.O. Box 548 North Kingsville, OH 44068				Signature:			
				Date:			
				Date			

¹ Contribution Rate is 4% of gross pay.

² Building Maintenance is \$.10 per hour.

Copy this form for next month's report or form can be completed and printed from Local 245's web site:

www.local245laborers.com