

Plasterers Employee Transmittal Form



OPCMIA 526 COMBINED FUNDS, INC.
 Plasterers' Benefits Administrator
 1900 Andrew St.
 Munhall, PA 15120

1. Select the Employee Level for this sheet.

You must submit separate sheets for each Employee Level.

- Journeyperson
- Apprentice First Year - 60%
- Apprentice Second Year - 75%
- Apprentice Third Year - 90%

2. Wages reported for Month

Pay End Date

3. Enter Employee information for the selected Employee Level

No.	Soc. Sec. No.	Employee Name	Wage Rate		Hours Worked		Gross Wages
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
5	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
6	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
7	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
8	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
9	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
10	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
11	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
12	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>

4. Employee Totals

If you are using the online Wage Summary Calculator, use these totals when creating the form.

Employer Name

Date Submitted

I certify this report to be a true and correct representation of hours worked by employees working under the Collective Bargaining Agreement with the OPCMIA Local Union No. 526 and agree to abide by the terms and provisions of the Collective Bargaining Agreement with OPCMIA Local Union No. 526 and the Declarations of Trust affiliated with the Benefits outlined on this Transmittal Form.

Submitted By

Signature