



**MONTHLY REPORT OF PAYMENTS TO
Central Laborers'
Pension, Welfare and Annuity Funds**

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
			196		

Business Phone Number _____

Location of Work (project) _____ (city) _____

Type of Agreement H&H BLDG Other

Check if this is your final report for this Local

Check if no laborers worked in this period

Check if you are no longer operating in CLPF area

EMPLOYEE SSN	NAME OF EMPLOYEE	TOTAL HOURS FOR MONTH	OVERTIME PREMIUM HRS	GROSS PAY	WORK DUES WITHHELD
PAGE TOTAL:					
GRAND TOTAL PAGES:					

FUND	HOURS	RATE	AMOUNT
Pension		14.29	
LECET		0.89	
SICAP		0.10	
DILLDC Check OFF		0.92	
DILLDC LPL		0.05	
TOTAL:			

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: _____ Title: _____ Date: _____
Signature

Southern Illinois Laborers' & Employers Benefit Funds

5100 Laborers' Way, Suite A • Marion, IL 62959 • (618) 998-1300



FEDERAL EMPLOYER IDENTIFICATION NO.	COMPANY NO.	CONTRACT NO.	LOCAL UNION NO.	FOR WORK PERIOD DAY / MONTH / YEAR	DUE DATE
			196		

PLEASE SUPPLY BUSINESS PHONE NO. () _____

CITY/COUNTY OF WORK _____

TYPE OF CONTRACT _____

CHECK IF FINAL REPORT

CHECK IF NO LABORERS WORKING THIS MONTH

SEND ADDITIONAL REPORT FORMS

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT PLEASE INDICATE ANY CORRECTIONS AND/OR ADDITIONS THERETO.

	SOCIAL SECURITY NO.	NAME OF EMPLOYEE	TOTAL HOURS WORKED IN PERIOD	WORKING DUES (List Amount Withheld)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

We only collect for the funds listed below. Any questions, contact Fund Office.

CONTRIBUTION	RATE	HOURS	AMOUNT	
Welfare	8.33			<ul style="list-style-type: none"> Please submit a separate report for each local union. Please complete form in entirety (no substitute forms will be accepted), or form will be returned and contributions may be subject to late fee. Make one check payable to Southern IL Laborers' & Employers' Benefit Account Fund, 5100 Laborers' Way, Suite A, Marion, IL 62959
Annuity	8.50			
Ill. Training	0.80			
Total Due For All Funds				

Contributions to be paid at the rate of current rate per hour and to be received at the fund office on or before the 15th day of each month for hours worked during the previous month. Payments received after the last working day of the month in which due will be subject to the late payment fee of 12% with an additional 1% for each additional month the report is delinquent.

We hereby certify that this report includes all hours worked by laborers in our employment for the month shown above and further, that the Employer whose name and entity is set forth below, subscribes to and agrees to be bound by the Agreement and Declarations of Trust establishing the Southern Illinois Laborers' Health and Welfare Fund and the Southern Illinois Laborers' & Employers Annuity Fund, and all amendments, revisions, additions and deletions thereto and accepts all of them as fully as though the same were herein contained and further agrees to accept at a personal obligation for himself and on behalf of his firm to oversee the payment of the established rates of contributions to the aforesaid Funds.

Please be advised that contributions received that are in excess of sums due for that particular month are subject to being applied to any and all prior contributions not yet paid and liquidated damages for the current or prior months.

By _____ Title: _____ Date: _____
 Signature _____

**Laborers' International Union of North America
Local 196**

Working Dues Report

106 S. Market St.
Waterloo, IL. 62298
(618) 939-8121
Fax: (618) 939-8121

Date: _____

Employer: _____ Month: _____ Year: _____

Name of Employee	Employees Social Security Number	Local #	Regular Hours	Overtime Hours	TOTAL
			X \$1.90	X \$2.75	
Make checks payable to: LABORERS' LOCAL 196 106 S. MARKET STREET WATERLOO, IL. 62298		Total This Page			
		Total Attached Pages			
		Grand Total			

(Signature) (Title)

Schedule C Building/Heavy/Highway Agreement Effective 08/01/24 - 07/31/25

LABORERS LOCAL 0196 COLUMBIA

	STRAIGHT TIME			1 & 1/2			DOUBLE TIME			Total Laborers Rate							
Group 1	laborer		32.81	64.78		96.74											
	Foreman A working(3-9 emp) +1.00		33.81	66.28		98.74											
	Foreman B nonworking(10-20 emp) +2.00		34.81	67.78		100.74											
Foreman C general(2+ nonworking emp) +3.50		36.31	70.03		103.74												
Group 2	welding, burning or cutting with torch + .50		33.31	65.53		97.74											
	Foreman A working(3-9 emp) +1.00		34.31	67.03		99.74											
	Foreman B nonworking(10-20 emp) +2.00		35.31	68.53		101.74											
Foreman C general(2+ nonworking emp) +3.50		36.81	70.78		104.74												
Group 3	mason and plaster tenders + .50		33.31	65.53		97.74											
	Foreman A working(3-7 emp) +1.00		34.31	67.03		99.74											
	Foreman B nonworking (8-10 emp) +2.00		35.31	68.53		101.74											
Foreman C general(2+ gangs) +3.50		36.81	70.78		104.74												
Group 4	hazardous materials, lead abatement, asbestos abatement, mold & mildew remediation licenses + .50		33.31	65.53		97.74											
	Foreman A working(3-9 emp) +1.00		34.31	67.03		99.74											
	Foreman B nonworking(10-20 emp) +2.00		35.31	68.53		101.74											
Foreman C general(2+ nonworking emp) +3.50		36.81	70.78		104.74												
Group 5	dynamite men and powder men + 1.50		34.31	67.03		99.74											
	Foreman A working(3-9 emp) +1.00		35.31	68.53		101.74											
	Foreman B nonworking(10-20 emp) +2.00		36.31	70.03		103.74											
Foreman C general(2+ nonworking emp) +3.50		37.81	72.28		106.74												
FRINGES	H&W	PENSION	ANNUITY	TRAINING	LECET	SICAP	DEDUCTIONS	LPL	DC Check-off								
	8.33	14.29	8.50	0.80	0.89	0.15		0.05	0.92								
TOTAL FRINGES	32.96																
			TOTAL FRINGES USED FOR OVERTIME CALCULATION						31.12								
<table border="1" style="width: 100%;"> <tr> <td>Watchman</td> <td>18.00</td> <td>S.T.</td> <td>18 1/2</td> </tr> <tr> <td>NONWORKING</td> <td>PLUS FRINGES</td> <td></td> <td>27.00</td> </tr> </table>										Watchman	18.00	S.T.	18 1/2	NONWORKING	PLUS FRINGES		27.00
Watchman	18.00	S.T.	18 1/2														
NONWORKING	PLUS FRINGES		27.00														

H&W, ANNUITY AND TRAINING TO SOUTHERN ILLINOIS LABORERS & EMPLOYERS BENEFITS FUNDS
 PENSION, LECET, SICAP, LPL AND DC Check-off TO CENTRAL LABORERS PENSION, WELFARE & ANNUITY FUNDS

Work Assessments: Regular Hours: \$1.90 per hour Overtime Hours: \$2.75 per hour
 Work Assessments are to be paid to the Local in the area where work is performed