



CERTIFICATION FORM

LOCAL UNION NUMBER: _____

DATE: _____

ADDRESS: _____

This is to certify that the Employees covered by the collective bargaining agreement(s) to which Local Union No. _____ is a signatory party have worked the hours as stated below.

These hours can be verified at any time through examination of the Health and Welfare, Pension or Apprenticeship Employer Contribution Reporting forms.

Hours worked during the month of _____, 20____

_____ Hours x _____ cents per hour = \$_____

Deductions: _____ \$_____

DESCRIPTION

Enclosed find a check payable to the NIEATJUF in the amount \$_____

This form completed by:

Signature

Title

FOR OFFICE USE ONLY

CHECK NUMBER:	_____
CHECK DATE:	_____
CHECK AMOUNT:	_____