# I.B.E.W. STATEWIDE L.E.A. REPORT

# MINNESOTA LIMITED ENERGY AGREEMENT

PLEASE TYPE OR PRINT
NAME, ADDRESS, CITY, STATE

TRUST OFFICE
5100 GAMBLE DRIVE, SUITE 430
ST. LOUIS PARK, MN 55416
(952) 591-7733

PAGE NO. _____
LOCAL UNION NO. WHERE WORK IS PERFORMED
EMPLOYER'S FEDERAL
REGISTRATION NO. _____
TOTAL NUMBER OF MEMBERS EMPLOYED THIS PERIOD _____

JOURNEYMAN TECH. RATE _____

PAYROLL PERIOD FROM_____ TO_____

## CLASSIFICATION TO BE USED IN COLUMN 3

JOURNEYMAN TECHNICIAN (JT) TECHNICIAN LEVEL (T - 1 thru 6) INSTALLER LEVEL (I - 1 thru 5) SENIOR INSTALLER (SI)

| COLUMN 1 | COLUMN 2 | COL. 3 | COL. 4 | COL. 5 | COL. 6 | COL. 7 | COL. 8 | COL. 9 | COL. 10 |
|---|---|---|---|---|---|---|---|---|---|
| SOCIAL SEC NUMBER | NAME | CODE | HOURLY WAGE | HOURS WORKED | GROSS EARNINGS | ANNUITY | 401(K) FUND | WORKING DUES | INTERNATIONAL DUES |
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| | | TOTAL THIS PAGE | | | | | | | |
| | | GRAND TOTAL | | | | | | | |

1. NECA/AMF SERVICE FEE $ _____
2. EDUCATION AND TRAINING FUND $ _____
3. WORKING DUES $ _____
4. 401 (K) $ _____
5. ANNUITY $ _____
6. INTERNATIONAL DUES $ _____
7. NATIONAL ELECTRIC BENEFIT FUND $ _____
8. TOTAL - MAKE CHECKS PAYABLE TO: MPLS; ELECTRICAL INDUSTRY RECEIVING AGENCY
   5100 GAMBLE DR. SUITE #430, ST. LOUIS PARK, MN 55416

CHECK HERE
FIRST REPORT IN THIS LOCAL UNION AREA _____
FINAL REPORT IN THIS LOCAL UNION AREA _____
WHEN MORE FORMS ARE NEEDED _____

BUSINESS ENTITY
SINGLE PROPRIETORSHIP _____ CORPORATION_____
PARTNERSHIP _____

The undersigned hereby adopts and agrees to be bound by the Employees Benefit Agreement of the National Electrical Contractors Association Pension Benefit Trust Fund and agrees to make the required contributions to such Fund as provided for therein. I hereby acknowledge having received a copy of the above Agreement. I further certify that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (Article V. Section 1, 1(a) and/or 1(b). Employees Benefit Agreement). No unincorporated proprietor, partner or corporate officer (who owns voting stock in the employing organization) is included.

FIRM NAME: _____
SIGNATURE & TITLE: _____
PHONE NUMBER _____
DATE: _____

*Original to NEBF* *Duplicate to NEBF, Receiving Agency, IBEW - Local 292, Employer, Shop Steward*