DO NOT CHANGE ANY OF THE DETAILS IMPRINTED ON THIS FORM.

OPERATING ENGINEERS TRUST FUNDS - LOCAL 12

EMPLOYERS MONTHLY REPORT TO TRUSTEES

1. (A) THE EMPLOYER CERTIFIES THAT THE INFORMATION CONTAINED IN THIS REPORT AND ALL ATTACHMENTS IS CORRECT AND COMPLETE, IN ACCORDANCE WITH INSTRUCTIONS ON THE REVERSE SIDE, AND THAT THE EMPLOYER IS BOUND BY, AND ALL PAYMENTS REPORTED HEREUNDER ARE MADE UNDER A WRITTEN AGREEMENT AS REQUIRED BY 29 USC S186 (c) (5) (b).

(B) THIS REPORT MUST BE FILED EVEN THOUGH NO MEMBERS OF THIS CRAFT WERE EMPLOYED.

(C) PARTNERS AND INDIVIDUAL OWNERS ***SHOULD NOT*** BE REPORTED TO THE OPERATING ENGINEERS TRUSTS.

EMPLOYER NAME

RUFF SERVICES
PA:L.A. UNIF SCHL DIST
19914 ELAINE AVE
CERRITOS CA 90703

596

I.D. NO. 923216

2. FOR WORK PERFORMED DURING OCT, 2002

H-07/02 P-07/02
A-07/02 V-07/02
CC-07/02

A I 00

3. **FUND OFFICE USE ONLY**

NEW	☐	TIMELY	☐
REACTIVED	☐	SUPPLEMENTAL	☐
LATE	☐	NO CHECK	☐

IMPORTANT NOTICE

THIS REPORT IS DUE ON THE 10TH OF EACH MONTH AND MUST BE RECEIVED WITH PAYMENT AND DATE STAMPED IN THE FUND OFFICE BY THE 20TH OF EACH MONTH IN ORDER TO AVOID BEING CHARGED LIQUIDATED DAMAGES.

PLEASE READ REVERSE SIDE

4. LIST EMPLOYEES ALPHABETICALLY LAST NAME	INITIALS 1ST	INITIALS 2ND	5. SOCIAL SECURITY NO. 000 00 0000	6. TOTAL HOURS PER MAN FOR MONTH.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
TOTAL NO. OF EMPLOYEES REPORTED FOR MONTH _____			**TOTAL HOURS THIS PAGE** ▶	

7

CONTRIBUTION RATE PER TRUST	
VACATION/HOLIDAY	2.75
HEALTH & WELFARE	4.70
PENSION	3.75
APPRENTICE TRAINING	.65
CONST. INDUSTRY ADV.	
CONTRACT COMPLIANCE	.05
TOTAL	11.90

Please compute total hours worked by or paid to all engineers for the period shown on item 2.

8

TOTAL HOURS	TOTAL RATE	AMOUNT DUE
	X 11.90 = $	

9

PRIOR DELINQUENCIES $

If amount shown under line 9 has already been paid, please disregard this notice.

10

11

TOTAL AMOUNT DUE $

Make one check payable to:
OPERATING ENGINEERS TRUST FUNDS
MAIL TO:
OPERATING ENGINEERS TRUST FUNDS
P.O. Box 7064
Pasadena, CA 91109 • (626) 356-1040

The undersigned hereby certifies this report includes all hours worked by or paid to all engineers for the period shown on item 2.

SIGNATURE _____

TITLE _____

PHONE NO. _____

DATE _____