

EPSCA ASSOCIATION FUND

Employer Contribution Report

All dues are required to reach the EPSCA office by the 15th of the following month

Fees submitted for the month of: _____

Employer: _____

Submitted by: (name and email) _____

1. TOTAL HOURS WORKED – these hours **MUST** be entered into the boxes below
(these are hours for all EPSCA trades employed during the contribution month)

ONTARIO POWER GENERATION (OPG)		HYDRO ONE	X	BRUCE POWER		OTHER (Specify Hours & Site)	
-----------------------------------	--	-----------	---	-------------	--	------------------------------------	--

For OPG and HYDRO ONE sites, please indicate the name(s) of the site(s) at which you worked during the contribution month.

OPG SITES

<input type="checkbox"/> Atikokan	<input type="checkbox"/> Lennox	<input type="checkbox"/> Darlington
<input type="checkbox"/> Lakeview	<input type="checkbox"/> Nanticoke	<input type="checkbox"/> Pickering
<input type="checkbox"/> Lambton	<input type="checkbox"/> Thunder Bay	
<input type="checkbox"/> Western Waste Mgt Facility (Bruce Site)		
<input type="checkbox"/> Other _____		

HYDRO ONE SITES

2. PLEASE FILL IN THE TOTAL HOURS WORKED IN THE SPACE PROVIDED FOR ALL EPSCA TRADES EMPLOYED DURING THE CONTRIBUTION MONTH:

<input type="checkbox"/> BOILERMAKER	<input type="checkbox"/> INSULATOR	<input type="checkbox"/> OPERATING ENGINEER	<input type="checkbox"/> RODMAN
<input type="checkbox"/> BRICKLAYERS	<input type="checkbox"/> IRON WORKER	<input type="checkbox"/> PAINTER	<input type="checkbox"/> ROOFER
<input type="checkbox"/> CARPENTER	<input type="checkbox"/> LABOURER	<input type="checkbox"/> PLASTERER	<input type="checkbox"/> SHEET METAL WORKER
<input type="checkbox"/> CEMENT MASON	<input type="checkbox"/> MILLWRIGHT	<input type="checkbox"/> PLUMBER/PIPEFITTER	<input type="checkbox"/> TEAMSTER
<input type="checkbox"/> ELECTRICAL WORKER			<input type="checkbox"/> TILE & TERRAZZO

3. TOTAL HOURS REPORTED	ASSOCIATION FUND CONTRIBUTION		13% HST		TOTAL CONTRIBUTION
		x .30¢ =		+	
		=		=	

CHECK ONE OF THE FOLLOWING IF APPLICABLE

Did not employ EPSCA Trades during the contribution month

Finished contract / subcontract during the contribution month; Please specify completion date: _____

4. PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR CHEQUE MADE PAYABLE TO **EPSCA ASSOCIATION FUND** TO:

EPSCA ASSOCIATION FUND
190 Attwell Drive, Suite 580
Etobicoke, ON M9W 6H8

PLEASE NOTE: THE EPSCA FUNDS INCLUDE A \$0.02 EMPLOYER CONTRIBUTION TO THE DENOVO FUND ON HOURS WORKED

FOR FURTHER INFORMATION, CONTACT THE EPSCA OFFICE (Val DiFrancesco) at 416-213-0266 OR Kim Stec at kstec@epsca.org