



SOUTHWEST CARPENTER TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry
Administrative Office — 533 South Fremont Avenue, Los Angeles CA 90071-1706 or

EMPLOYER AND ACCOUNT NO. AS ENTERED ON 1st PAGE

C

1. THIS REPORT IS TO COVER
CALENDAR MONTH:

2. COVERING PAYROLL PERIOD
ENDING:

page _____ of _____ pages

3. SOCIAL SECURITY NUMBER	4. NAME OF EMPLOYEE LAST NAME, FIRST NAME	APP Code	5. Gross Earnings	Straight Time Hours	O.T. Hours	D.T. Hours	Total Clock Hours	*Sunday/Holiday
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

TOTALS THIS PAGE

* Enter only the hours worked on Sunday and Holidays. These hours must be included in your D.T. hours.

ATTACH THIS SHEET SECURELY TO PAGE 1 OF REPORT

This Continuation Sheet must be accompanied by the EMPLOYER'S MONTHLY REPORT TO TRUSTEES
A report filed on this CONTINUATION SHEET without the MONTHLY REPORT TO TRUSTEES is not acceptable