



# CALM

## Employers' Contribution Report Form

Mail check(s) payable to CALM to:

Cooperative Agreement of Labor and Management

PO Box 5058

Oak Ridge, TN 37831-5058

Report Period				Number of Person-Hours Worked					Total Hours by Job
Month:		Year:		Week 1	Week 2	Week 3	Week 4	Week 5	
Job Location/Title									
1									
2									
3									
4									
5									
6									
7									
8									

By signing this report (a) I certify that the information contained herein is true; (b) I agree to recognize and abide by the trust agreements under which the Cooperative Agreement of Labor and Management (CALM) is administered; (c) I agree to make contributions to CALM as provided in the Labor Agreement Wage Rate.

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Hours for Month:	
Multiplier	X 0.03
Total Contribution for Month:	

Check here if this is a final report

Check here if you need additional printed reporting forms

All contributions are payable by the 15th of each month. Mail original copy of this report and a check for the total contribution for the month to the address shown above.