

LOCAL UNION WAGE AND EMPLOYMENT REPORT

Statutory Authority is found in Sections 66.0903, 103.49 and 103.50, Wisconsin Statutes and Section DWD 290.015, Wisconsin Administrative Code.

The use of this form is **MANDATORY**. See Section 103.005(12) Wisconsin Statutes for penalty information.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

The following additional information MUST be submitted with your completed report.

1. One signed copy of the collective bargaining agreement described below. If a copy is not available, see item 17.
2. Map outlining the specific geographic jurisdiction covered by the collective bargaining agreement described below.
3. List of ALL employers signed to the collective bargaining agreement described below. See items 12 and 13.
4. List of all major language changes. See item 8.

Mail completed report to:

STATE OF WISCONSIN
 DEPT OF WORKFORCE DEVELOPMENT
 EQUAL RIGHTS DIVISION
 P O BOX 8928
 MADISON WI 53708

Telephone: 608-266-6860

This report summarizes a collective bargaining agreement negotiated between the following local union and employers' association or independent employer signing this report:

1. Name of Trade or Occupation				
2. Effective Date of Initial Wage and Fringe Benefit Package				
3. Wage and Fringe Benefit Package				
A. Hourly Basic Rate	\$		\$	
B. Fringe Benefits (Check + if "in Addition to" or - if "included in" Hourly Basic Rate)				
Health and Welfare	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Vacation	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Pension	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Holiday	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Apprenticeship, Training or Skill Improvement	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Education	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Industry	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Contract Administration	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Dues Check-Off	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Other (Specify)	<input type="checkbox"/> + <input type="checkbox"/> -	\$	<input type="checkbox"/> + <input type="checkbox"/> -	\$
C. Total (Hourly Basic Rate Plus Fringe Benefits)	\$		\$	

4. When will this agreement expire? (mm/dd/yyyy)

5. Will there be interim economic adjustment(s) other than indicated in item 2 prior to the expiration date of this agreement?

Yes No If **Yes**, indicate the effective date(s), amount of adjustment(s) and a brief explanation:

6. How are the fringe benefits specified in item 3.B. paid (all hours worked, all straight time hours worked, all clock hours worked, (monthly, weekly, etc.)?)

7. Are trust funds formally established for each fringe benefit specified in item 3.B?

Yes No If **No**, please explain:

8. Did this agreement make any change(s) to any of the following provisions of the previous collective bargaining agreement (holidays, standard workday or week, travel pay, subsistence, overtime or foreman pay and ratio)?

Yes No

If **Yes**, attach a separate sheet describing such change(s).

9. Indicate the number of members in the local union that are employed in each trade or occupation covered by this agreement. Exclude travelers, retirees, honorary members, non-construction tradespersons, non-working foremen, etc.

Trade Or Occupation	# of Journeypersons	# of Apprentices

10. Does this agreement provide for the employment of employees classified as trainee, novice, helper, learner, improver, unindentured, upgrader, subjourney or some other similar designation?

Yes No

If **Yes**, cite the portion of the collective bargaining agreement that describes the terms of this classification and/or highlight it in the agreement document.

11. Indicate the type of project(s) covered within the scope of this agreement: <input type="checkbox"/> Building <input type="checkbox"/> Heavy <input type="checkbox"/> State Highway <input type="checkbox"/> Local Street <input type="checkbox"/> Sewer and Water <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Other (Specify)			
12. Has this agreement been negotiated with any employers' association? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , complete the following and include a list of ALL employers represented by such association.			
Employers' Association Representative Name		Title	
Employers' Association Name			Telephone Number
Street Address		City	State Zip Code
13. Has this agreement been signed by any independent employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , include a list of ALL independent employers who have or will probably sign this agreement.			
14. How many hours were worked during the prior calendar year under the terms of this agreement's predecessor?			
15. If this agreement is negotiated by a local union which has only a portion of its geographic jurisdiction in the State of Wisconsin, but whose principal jurisdiction and charter is outside of the state, indicate the number of members who normally work for employers located within the State of Wisconsin			
16. I hereby state that the information contained in this report is true and accurate according to my knowledge and belief and understand that the willful falsification of any information herein may result in a civil or criminal penalty pursuant to Chapter 103, Wisconsin Statutes.			
Local Union Name		Local Union Representative Name	
Street Address		City	State Zip Code
Local Union Representative Title			Telephone Number
Local Union Representative Signature			Date Signed
17. I have reviewed the information contained in this report and hereby state that it represents the terms of the collective bargaining agreement negotiated between the above mentioned local union and the employers' association or independent employer that I represent. Note: This DOES NOT need to be completed IF a copy of the collective bargaining agreement is submitted with this report.			
Representative Name		Representative Title	
Employers' Association or Independent Employer Name		Telephone Number	
Employer Representative Signature			Date Signed