



INTERNATIONAL ALLIANCE THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE TECHNICIANS, ARTISTS, AND ALLIED CRAFTS OF U.S. AND CANADA

JOB #

LOCAL UNION NO. 122

3737 Camino Del Rio S., ste. 307, SAN DIEGO, CALIFORNIA 92108

PHONE 619-640-0042 FAX 619-640-0045

STEWARD'S REPORT

DATE:

ATTRACTION: LOCATION:

Main payroll table with columns: NAME, DEPT., PERF./1.5 PERF., Straight/Double time, 1.5x / 2.25 time, 3x/Special Rate, SUB TOTAL, 2% Vacation, GROSS WAGES. Includes a yellow speech bubble icon in the NAME column.

% of Subtotal Wages - Health and Welfare % of Subtotal Wages - Pension Plan

per hour worked - Theatrical Training Fund Subtotal - San Diego Theatrical Trust Fund

Check This Box For Vacation Pay

TOTAL BENEFITS TOTAL REPORT

% of Subtotal Wages - IATSE Annuity Plan, New York TOTAL BENEFITS

- 1. Make one check for H&W, Pension, and Training Contribution (Subtotal above) payable to: Theatrical Trust Fund Account C/O: San Diego Theatrical Trusts, P.O. Box 51992, Los Angeles, CA. 90051-6292. 2. Make one check (4%) Payable to: IATSE National Benefit Funds, PO Box 11944., Newark, NJ. 07101-4944

ALL WAGE CHECKS TO BE MADE OUT TO EACH INDIVIDUAL LISTED ABOVE (NOT TO LOCAL UNION)

The undersigned employer agrees to contribute the total of the HEALTH & WELFARE, PENSION & TRAINING TRUST when applicable to the THEATRICAL TRUST FUND ACCOUNT, C/O SAN DIEGO THEATRICAL TRUSTS, PO BOX 51992, LOS ANGELES, CA 90051-6292 and the IATSE NATIONAL BENEFIT FUND, PO BOX 11944, NEWARK, NJ 07101-4944, for all employees hereunder for the duration of the contract. Such funds having been established by the union in conjunction with certain employers obligated by collective bargaining agreements for the purpose of continuing the IATSE Local 122 Health & Welfare, Pension & Training Trust when applicable and the IATSE Annuity Fund. The funds are joint trusts operated by an equal number of employer and union trustees. The undersigned employer hereby agrees to adhere to and be bound by all of the terms and provisions of said trust agreements and specifically agrees to be represented at all times in administration of said Health & Welfare, Pension & Training Trust funds by the trustees for employers designated and appointed by the signatory employers named in and parties to such trust agreements.

NAME OF EMPLOYER I accept the stipulations as noted on this report. STEWARD'S SIGNATURE

ADDRESS SIGNATURE OF AUTHORIZED AGENT DATE