



ABC-GGC Training Trust Contribution Worksheet – JOURNEYMAN

Company: _____ Payroll Month/Year _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Fax: _____

Journeyman Name	Social Security No.	Hours Worked	Contribution Rate	Total
			Sub Total	

Use additional sheets as needed. Please use one sheet per craft.

10% Penalty Assessment (if required) + \$ _____

TOTAL AMOUNT ENCLOSED = \$ _____

CONTRIBUTIONS ARE DUE AND PAYABLE THE 10TH OF THE MONTH FOLLOWING HOURS WORKED. 10% PENALTY ASSESSED TO SUBSCRIBING CONTRACTORS IF RECEIVED AFTER THE 15TH OF THE MONTH.

Please enter zero (0) if no hours were worked.

*Contribution rate for journeymen on state public works is the amount in prevailing wage DIR determination for the county of work.

*Voluntary contribution rate for journeymen on private & federal projects, if contractor employs ABC apprentices, is \$1.00 for same number of hours worked by apprentices.

I certify that all employees required to be reported by the Adoption Agreement between the employer and ABC GGC Training Trust Fund and all hours paid are fully and accurately set forth.

Signature: _____

Date: _____

Make check payable to: ABC GGC Training Trust
Mail payments and Worksheet to: 4577 Las Positas Road, Unit C
Livermore, CA 94551-9615