

SUPPLEMENTAL WORKING DUES CHECK-OFF AUTHORIZATION

To all Employers engaging employees represented by the Southern & Central Illinois Laborers' District Council and/or its affiliated Local Unions:

I hereby authorize and direct any Employer for whom I work under any collective bargaining agreement of the Southern & Central Illinois Laborers' District Council, or its affiliated Local Unions, to deduct such sums from net wages payable to me at the current applicable collective bargaining agreement rate then in effect which provides for supplemental working dues check-off. I hereby assign this sum of money to the Southern & Central Illinois Laborers' District Council. I understand that this sum is in addition to the regular dues paid directly by me to my Local Union.

This assignment and authorization shall be irrevocable for a period of one (1) year, or until the termination of the collective bargaining agreement in existence between any Employer and the Southern & Central Illinois Laborers' District and/or its affiliated Local Unions, whichever occurs sooner; and I agree and direct that this authorization shall automatically be renewed and shall be irrevocable for successive periods on one (1) year each, or for the period of each succeeding applicable collective bargaining agreement between any Employer and the Southern & Central Illinois Laborers' District Council and/or its affiliated Local Unions, whichever shall be shorter, unless written notice is given by me to the Southern & Central Illinois Laborers' District Council and my Employer not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period for one (1) year or of each applicable collective bargaining agreement between my Employer and the Southern & Central Illinois Laborers' District Council and/or its affiliated Local Unions, whichever comes sooner.

Dues, fees, contributions or gifts to Local Union #773 are not deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expense.

Employee's Signature

Print Employee's Name

773

Local Union No.

Date Signed

Employee's Address

Employee's Membership No.

Telephone

City

State

Zip Code

VOLUNTARY CONTRIBUTION TO SOUTHERN & CENTRAL ILLINOIS LABORERS' POLITICAL LEAGUE

I hereby authorize and direct each employer signatory to an agreement with the Laborers' International Union of North America or any of its' affiliates for whom I work to deduct from my paycheck the amount as determined per the agreement which I am working under (not to exceed \$.10 per each and every hour worked every pay period) and to remit such amounts to Laborers' Political League (LPL) at such time and places as other remittances are made to the Union.

This authorization is voluntarily made. I understand that the signing of this authorization and the making of payments to LPL are not conditions of membership in the Union or of employment with any employer and that I have a right to refuse to sign this authorization and to contribute to LPL without reprisal and that LPL will use the money it receives to make political expenditures and contributions in connection with federal, state and local elections. I also understand that this amount of money is merely a suggested guideline, that I am free to contribute more or less than this amount by any lawful means other than this check-off and that the Union cannot favor or disadvantage me because of the amount of my contribution or my decision not to contribute.

This authorization shall remain in effect until revoked by me in writing.

Contributions to Laborers' Political League are not deductible as charitable contributions for federal income tax purposes.

Date _____ Signature _____ Membership# _____





Feel the power

Laborers International Union of North America
Local 773 Skill Sheet

Name: First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ DOB: ____/____/____ DL. # ____ - ____ - ____

Social Security # ____ - ____ - ____ Card # _____ Reg. Voter? ____ (optional)

1st Ph#: ____ - ____ - ____ 2nd Ph#: ____ - ____ - ____ E-Mail: _____

☐ Check this box if there are no changes to your previous skill sheet then check any skills you are going to add

Answers to optional questions only to be used for EEO3 reports or as referral criteria when a contractor makes a specific request for such an individual.

Mark the Skills, Certifications, & Counties that apply to you! Include expiration dates where requested!

Check the counties in which you are willing to accept work

____ Alexander ____ Franklin ____ Gallatin ____ Hardin ____ Jackson ____ Johnson ____ Massac
____ Perry ____ Pope ____ Pulaski ____ Saline ____ Union ____ Williamson

- | | |
|--|---|
| ____ Air Tools (chipping hammer, drills, etc.) | ____ Cleaning Lumber |
| ____ Asphalt Bump Machine | ____ Concrete Buggy (motorized) |
| ____ Asphalt Laborer | ____ Concrete Laborer |
| ____ Asphalt Lute (raker) | ____ Concrete Pipe Layer |
| ____ Asphalt Plant | ____ Concrete Saw Operator |
| ____ Box Culvert | ____ Concrete Specialist |
| ____ Bridge Laborer | ____ Concrete Vibrator Operator |
| ____ Building Blueprints | ____ Confined Spaces |
| ____ Caisson Worker | ____ Construction Math |
| ____ Carpenter Tender | ____ Correctional Facility (background check) |
| ____ Carpenter / Laborer Combination Work | ____ Crack & Seal Worker |
| ____ CDL License (Exp Date _____ Class _____) | ____ Cutting Torch |
| ____ Cert Asbestos Worker (Exp Date _____) | ____ De-Watering Pumps |
| ____ Cert Asbestos Super (Exp Date _____) | ____ Deck Hand / Dredge Hand |
| ____ Cert Diver Tender | ____ Demolition Worker |
| ____ Cert Grade Checker | ____ Dirt Spotter |
| ____ Cert Haz. Waste (Exp Date _____) | ____ Driving Stakes / String Line |
| ____ Cert Haz Waste Super (Exp Date _____) | ____ E-Bolt Card |
| ____ Cert Lead Abatement (Exp Date _____) | ____ Fencing Laborer |
| ____ Cert Lead Super (Exp Date _____) | ____ Fire Watch |
| ____ Cert Mason Tender | ____ First Aid / CPR (Exp Date _____) |
| ____ Cert Microbial Remediation | ____ Flaggers' License (Exp Date _____) |
| ____ Cert Radiation Worker | ____ Float Curb / Sidewalk Form Setter |
| ____ Cert Signal Crane | ____ Forklift Operator |
| ____ Chainsaw | ____ General Laborer |
| ____ Cleanup (Rough) | ____ Geothermal Drilling Experience |
| ____ Cleanup (Final, Moping, Windows etc.) | ____ GPS / Rover |



☐ Grade Checker Dirt
☐ Grade Checker Eye Level
☐ Grade Checker Laser
☐ Guardrail Worker
☐ Highway Blueprints
☐ Highway Patching
☐ Highway sub-Surface Drainage
☐ Honeywell Training (**Date**_____)
☐ Hoisting & Rigging
☐ Hoisting & Rigging 40 Hr.
☐ IDOT Day Laborer
☐ JLG Lift
☐ Landscape Laborer
☐ Landscape Specialist
☐ Lull Operator (**Exp Date**_____)
☐ Mason Tender
☐ Material Handler, Unloading & Carrying
☐ Matt Layer / Grouting
☐ MSHA (**Exp Date**_____)
☐ Oil & Chip Spreader Box
☐ OSHA 10 Hr. (**Exp Date**_____)
☐ OSHA 30 Hr. (**Exp Date**_____)
☐ Pavement Breaker(90lb jackhammer)
☐ Pass Background Check
☐ Pile Driver Tender
☐ Pipe Fusing
☐ Pipe Layer
☐ Pipe Layer / Laser
☐ Pipeline Certified
☐ Pipeline Qualified
☐ Pipeline Safety
☐ Plaster Machine Operator
☐ Plasterers Helper
☐ Plumber Tender
☐ Precast Concrete Setter / Grouting
☐ Race (Caucasian) Optional
☐ Race (Minority) Optional
☐ Railroad Track Layer
☐ Retaining Wall Stone / Block Layer
☐ Rip-Rap Stone Layer
☐ Salamander / Heater Tender
☐ Sandblaster Pot / Nozzle
☐ Scaffolding
☐ Sewer Pipe

☐ Sex (Female)
☐ Sex (Male)
☐ Sheetrock Handler Unloading & Distribute
☐ Shoring / Blocking Material Handler
☐ Shovel Work / Backfill
☐ Skid Loader (bobcat)
☐ Storm Sewer
☐ Steel Form Setter Hwy. & Street
☐ Stripping Forms
☐ Swamper Crane / Tractor
☐ Symons Forms Handler
☐ Tile & Sewer Layer
☐ Tool Crib Laborer
☐ Total Station
☐ Traffic Control Technician
☐ Traffic Control Supervisor
☐ Trenchless Pipe Repair
☐ Tunnel Laborer
☐ Tying Rebar
☐ Watchman
☐ Water Blaster
☐ Waterline
☐ Welder
☐ Wire Mesh
☐ Work Over 50 Ft.
☐ Work Up to 50 Ft.
☐ Work Up to 25 Ft
☐ Work in Local 1197
☐ Work in Local 1214

If called, will you accept a job that pays 75% of the negotiated wage rate such as Oil & Chip.

_____YES _____NO

Signature: _____ Date _____/_____/_____



FRINGE BENEFITS AUTHORIZATION

Laborers' Local 773

Affiliated with

The Laborers' International Union of North America

I, _____ hereby authorize my Public Employer
_____ **IDOT** to remit the fringe benefit allowance of the applicable prevailing wage rate to the employee benefit plans affiliated with LIUNA and its affiliated District Councils and Local Unions. I understand that this authorization is a condition of my referral to the Public Employer and is required by the Illinois Fringe Benefit Portability and Continuity Act (82D ILCS 190/1 et seq)

Contributions paid on my behalf by my Public Employer to the Pension/Annuity Fund, the Welfare Fund, and the Apprenticeship & Training Fund shall be at the rates established by and set forth in the Illinois Prevailing Wage Act for the geographic area where the work is performed.

I further authorize the Public Employer to reunite all such contributions to the office of the Central Laborers' Pension Fund. I hereby authorize the Central Laborers' Pension Fund to Transfer any such contributions received from my Public Employer to the Pension, Welfare and/or Annuity Funds designated below as my "Home Funds." The Apprenticeship & Training allowance of the applicable prevailing wage rate shall be transferred to the Illinois Laborers' and Contractors Joint Apprenticeship & Training Program.

This authorization is effective upon execution and shall be effective until termination; I may terminate this authorization by providing sixty (60) days' notice in writing, to the Local Union specified above.

Such termination shall be effective after expiration of the sixty (60) day notice period. I further understand that I will not be eligible for referral to the Public Employer if I terminate this authorization.

Date: _____

Employee: _____

SS number _____

Address: _____

Date of Birth _____

City, State, Zip Code _____

Home Pension Fund: Central Laborers' Pension Welfare & Annuity Fund

Home Annuity Fund: Southern Illinois Laborers' & Employers Benefit Fund

Home Welfare Fund: Southern Illinois Laborers & Employers Benefit Fund