



EMPLOYER ID: _____

Please complete this form to report new salary information to current employees.

EMPLOYER INFORMATION

Employer Name: _____

Address: _____ City _____ State _____ ZIP _____

Telephone: (____) _____ - _____ Email: _____

EMPLOYEE INFORMATION

Member ID: _____

Employee Name (last, first, middle initial): _____

COMPENSATION/SALARY INFORMATION

Base Salary: \$ _____

Salary Effective Date: ____ / ____ / _____

Housing Allowance: \$ _____

Total Base plus Housing Allowance: \$ _____

Average Number of Hours Worked per week: _____ [] Full Time [] Part Time

Please note: Salary change dates after the 1st of the applicable month, will have changes entered on the 1st of the following month.

PENSION DUES CONTRIBUTION

Employer Contribution: _____%

Effective Date: ____ / ____ / _____

Please note: Effective change dates after the 1st of the applicable month, will have changes entered on the 1st of the following month.

On behalf of the employer, the undersigned hereby agrees to make payments to the Pension Boards for the stated member, based on the effective date and salary data shown.

Signature of treasurer or other authorized officer: _____ Date: ____ / ____ / _____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.