



**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**

Salary Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Base Salary: \$ \_\_\_\_\_

Housing Allowance: \$ \_\_\_\_\_

Total Base plus Housing Allowance: \$ \_\_\_\_\_

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

**Please note: Any changes to salary will be entered on the first day of the month following the Salary Effective Date.**

**PENSION DUES CONTRIBUTION**

Employer Contribution: \_\_\_\_\_% Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please note: Any changes to contribution amounts will be entered on the first day of the month following the Effective Date.**

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](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.