

BRAD BURRIS
President

JAY ELDERS
Business Manager

JUSTIN SCHULTZ
Business Representative
Recording Secretary

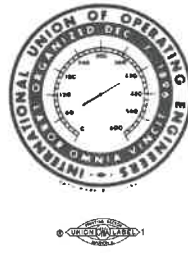
JASON SISSOM
Vice President

JEREMY HICKAM
Treasurer

INTERNATIONAL UNION OF OPERATING ENGINEERS

LOCALS NO. 318, 318A, 318B, 318C, 318RA

AFFILIATED WITH THE
AMERICAN FEDERATION
OF LABOR



3310 WATER TOWER ROAD
MARION, ILLINOIS 62959
TELEPHONE 618-993-0318
FAX 618-997-9691

STACI RUSSELL
Trustee

JAMES DILLOW
Business Representative
Financial Secretary

JOSH COOK
Trustee

MIKE STORY
Trustee

February 1, 2024

RE: IUOE Local 318 Rates effective April 1, 2024

Dear Contractor:

Please find attached/enclosed new rates that are effective April 1, 2024 for the International Union of Operating Engineers Local 318 and the corresponding contractors' packet.

- Hourly wages have **increased by \$1.00.**
- The Pension Contribution has stayed the same at \$11.45 per hour.
- The Health & Welfare Contribution has **increased to \$12.15 per hour.**
- The Annuity Fund has **increased to \$3.00 per hour.**
- The Dues Check Off has **increased to \$2.75 per hour** and is paid by the employee.

All of the appropriate forms are attached/enclosed to pay each of the respective funds with the correct rates listed on each form. Please remember on the form to pay the Dues Check Off (Supplemental Dues), B&T, OAF and Vacation, the members need to be listed in alphabetical order and the Federal Employer Identification Number needs to be listed. Please copy the forms as needed for future use and remember to turn in months that have zero (0) hours as well.

If you have any questions, you may contact the hall at 618-993-0318. Thank you for your cooperation.

Sincerely,

Jay Elders
Business Manager
IUOE Local 318

WAGE ADDENDUM

Date: January 29, 2024

The undersigned parties hereby agree to revise Article XX of the agreement between the **Egyptian Contractors Association, Inc.**, the **Associated General Contractors of Illinois** and the **Operating Engineers Local #318** covering heavy, highway, building and river construction in the counties covered in this agreement and Local #318 jurisdictional territories.

Effective Date: April 1, 2024
RIVER

Class 1	\$37.48
Class 1 Total Pkg:	\$68.73
Class 2	\$34.03
Class 2 Total Pkg:	\$65.28

EMPLOYEE DEDUCTIONS ALL CLASSES:

Dues Check Off:	\$2.75 per hour
Vacation:	\$1.00 per hour
Bldg & Trans:	\$.10 cents per hour
OAF:	\$.10 cents per hour

HIGHWAY, HEAVY, BUILDING

Class A

Wages	\$37.38
Pension	\$11.45
Health & Welfare	\$12.15
Annuity	\$ 3.00
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$.16
AGCIL-IAF	\$.16
DIAAF	\$.10
EBOLT	<u>\$.08</u>
	\$68.63

Class B

Wages	\$35.48
Pension	\$11.45
Health & Welfare	\$12.15
Annuity	\$ 3.00
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$.16
AGCIL-IAF	\$.16
DIAAF	\$.10
EBOLT	<u>\$.08</u>
	\$66.73

**PREMIUM PAYS THAT MAY APPLY
IN ADDITION TO LISTED WAGES:**

Operator Foreman: \$1.00 / hr over Class A rate.
Certified Crane Operator: \$3.00 / hr above top scale
plus long boom compensation.

Long Boom and Fixed Lead Compensation:
110' to 149' - .75 cents per hour.
150' to 199' – additional .60 cents per hour.
200' and over – additional .02 cents per foot per hour.

Shift Work for River, Building, and Construction:
Second Shift Differential: .50 cents per hour.
Third Shift Differential: .75 cents per hour **OR**
the highest paid shift differential of the other
crafts whichever is the greatest.

Highway Night Work:
Second Shift: Additional \$2.00 per hour shift premium.
Third Shift: Additional \$2.25 per hour shift premium.

**ADDITIONAL PREMIUM PAYS START ON PAGE 31
OF THE COLLECTIVE BARGAINING AGREEMENT (CBA).
SEE THE CBA FOR A COMPLETE LIST.**

Class C

Wages	\$28.08
Pension	\$11.45
Health & Welfare	\$12.15
Annuity	\$ 3.00
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$.16
AGCIL-IAF	\$.16
DIAAF	\$.10
EBOLT	<u>\$.08</u>
	\$59.33


FOR THE UNION:

Operating Engineers Local # 318

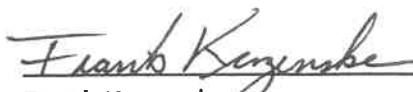
 2-1-24
Jay Elders Date
Business Manager

FOR THE EMPLOYERS:

Egyptian Contractors Association, Inc

 2-1-24
Brian Rehbein Date
Executive Director

Associated General Contractors of Illinois

 1/29/2024
Frank Kazenske Date
Director of Labor Relations

MAKE COPIES OF THIS FORM FOR FUTURE USE!

LOCAL 318
SUPPLEMENTAL DUES, B&T, OAF, AND VACATION CHECK OFF FORM
 APRIL 1, 2024 thru MARCH 31, 2025

REMEMBER: SEPARATE CHECK FOR OAF!!

EMPLOYER: _____ FEIN # _____ PERSON COMPLETING _____
 PHONE/FAX _____ EMAIL _____
 DATE: _____ REPORT FOR MONTH: _____ FINAL REPORT CHECK HERE: _____

THESE ARE EMPLOYEE DEDUCTIONS!

Please Note: LIST ALPHABETICALLY by LAST NAME.

NAME & SS #	HOME LOCAL	\$2.75 DUES CHECK OFF: \$2.75 PER HOUR	\$0.10 BLDG & TRANS	\$0.10 OAF	\$1.00 VACATION	HOURS	CLEAR IN AND/OR PERMIT FEE - \$32.75 PER MONTH	DOBIE \$10.00 PER WEEK
SUBTOTAL(S):								
TOTALS FOR MONTH:								

THE 4% IS FIGURED ON 4% OF THE TOTAL PACKAGE FOR CLASS A HEAVY/HIGHWAY NOT GROSS WAGES! WRITE ONE CHECK FOR THE 4%, B & T FUND, AND VACATION TO LOCAL 318 AND A SEPARATE CHECK FOR THE OAF FUND! BOTH ARE MAILED TO LOCAL 318-3310 WATER TOWER ROAD-MARION IL 62959. IF YOU HAVE ANY QUESTIONS PLEASE CALL 618-993-0318.

MID CENTRAL OPERATING ENGINEERS HEALTH & WELFARE FUND
EMPLOYER REPORT OF CONTRIBUTIONS

Please type or print Telephone area 812 232-4384

Employer Name



- Temporarily Inactive
- Permanently Inactive Due to:
- No longer in business
- Out of area
- Other

FUND NUMBER
253

- CHECK ONE:**
- LOCAL 841
 - LOCAL 103
 - LOCAL 318
 - LOCAL 649

Fed Id # _____

I certify that the information contained in this report and the attached schedule is true and correct; that the hours reported represent all wages paid to the Employees in the employ of the named Employer for the period specified.

Signature _____ Title _____

Prepared by _____ Date _____

Contact Phone Number _____

Email _____

Make Check(s) Payable To:

Mid Central Operating Engineers Fringe Benefit Funds

Mail to:

Mid Central Operating Engineers Health & Welfare Fund
 P.O. Box 9605
 Terre Haute, IN 47808-9605

Report for month ending _____ Last month reported _____

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	WELFARE HOURS	PENSION HOURS	CPF ACCOUNT NUMBER
				<p style="color: red; font-weight: bold;">See back of form for instructions and what county is covered by each Local.</p> <p>Agreement under which work was performed: (i.e. Building, Heavy Highway, Other)</p> <p>Worked Performed in County of: _____</p>

FUNDS	TOTAL HOURS	RATES	AMOUNTS DUE	FUNDS	TOTAL HOURS	RATES	AMOUNTS DUE
				Pension		11.45	
				Health & Welfare		12.15	
				Annuity		3.00	
				AGCIL-IAF		.16	
				DIAAF		.10	

DUE BY 15th OF MONTH FOLLOWING HOURS WORKED
TOTAL REMITTANCE (ONE CHECK) →

INTERNATIONAL UNION OF OPERATING ENGINEERS

AFFILIATED WITH THE
AMERICAN FEDERATION
OF LABOR



8963 CRENSHAW ROAD
MARION, ILLINOIS 62959
TELEPHONE 618-942-3931
FAX 618-942-3940

JOINT APPRENTICESHIP & TRAINING PROGRAM

UNION TRUSTEES
JAY ELDERS
JAMES DILLOW
JASON SISSOM

DEE STAHLHUT, TRAINING COORDINATOR

Local 318

EMPLOYER TRUSTEES
STEPHEN BOYD
BRIAN REHBEIN
JUSTIN RAINES



February 1, 2024

Attn: Payroll

Here are the Apprentice Wage Rates beginning April 1, 2024 through and including March 31, 2025.

Journeyman Scale as of April 1, 2024		\$37.38
	Percentage	
First Year Apprentice	70%	\$26.17
Second Year Apprentice	80%	\$29.90
Third Year Apprentice	90%	\$33.64
Fourth Year Apprentice	95%	\$35.51

If you have any questions, please call the training office at 618-942-3931.

Respectfully,

Dee Stahlhut
Training Coordinator
IUOE Local 318 JATP

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MARION, ILLINOIS 62959
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JOINT APPRENTICESHIP & TRAINING PROGRAM

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Local 318

EMPLOYER TRUSTEES
STEPHEN BOYD
BRIAN REHBEIN
JUSTIN RAINES



February 1, 2024

Contractors,

Enclosed is a Joint Report Form that is to be used for hours worked during the next twelve (12) months; beginning with hours worked April 1, 2024 through and including March 31, 2025.

Please do not use this new form until you are paying on hours worked beginning April 1, 2024 payable, no later than May 15, 2024. Please make one (1) check for the total amount due. It is not necessary to divide the amounts into separate checks. Please make copies of the Joint Report Form for additional use. If you need a new copy sent to you, please include the correct email address for the form to be sent to.

These rates are to be paid on all hours worked in Local 318 jurisdiction. As the contractor, you are obligated to pay Local 318 Joint Apprenticeship Training & Upgrading program on all operators working for your company, regardless of their home local. The amount due is based on the total number of hours worked each and every month. A form for every month is to be returned, even if the hours worked in that particular month are zero (0).

The training program is a benefit for everyone involved. Well-trained operators make for a safe and efficient job site, therefore being more profitable for everyone.

And again, **please do not use the new form until you are paying in May 2024 on hours worked, beginning April 1, 2024.** Remember, the form and check are to be mailed each month **directly to the training site: IUOE Local 318 JATP 8963 Crenshaw Road Marion, IL 62959.** If you have any questions or concerns pertaining to this new form or the rate, please call the Joint Apprenticeship Training & Upgrading office at 618-942-3931.

Thank you for your cooperation and continued support.

Respectfully,

Dee Stahlhut
Training Coordinator
IUOE Local 318 JATP

April 1,
2024

Joint Report Form

March 31,
2025

(Due by the 15th of the month following the hours worked.)

I.U.O.E. Local # 318 Apprenticeship & Training Fund
and Egyptian Contractors Association, Inc., Industry Advancement Foundation

Employer

Report for Month/Year

Address

Total Hours

City State Zip

Apprenticeship & ECA/IAF = multiply \$4.31 by hours

Employer's Signature

EBOLT = multiply .08 by hours

Prepared By (Please Print)

TOTAL AMOUNT DUE

Please list below all employees for this report month.
(Use additional forms if necessary.)

Name:

Hours:

Social Security Number:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAKE CHECK PAYABLE TO:
MAIL CHECK TO :

IUOE LOCAL #318 JATP
8963 CRENSHAW ROAD
MARION IL 62959

**CONTRACTOR INFORMATION FORM
PLEASE PRINT LEGIBLY**

Company Name

Mailing Address

City

State

Zip Code

Primary Phone

Secondary Phone

Fax Number

FEIN Number

Company Email Address

Please provide the email address where updated Collective Bargaining Agreements, New Rates, and Updated Fringe Benefit Fund Payment Forms are to be emailed to:

Payroll Contact Name

Email Address

Phone Number

Annuity Fund Contact Name

Title

Annuity Fund Contact Number

**Please return this form at your earliest convenience by one of the options listed below.
Thank you in advance for your assistance!**

**IUOE Local 318
3310 Water Tower Rd.
Marion, IL 62959**

OR
office@iuoelocal318.com

OR
FAX 618-997-9691



CENTRAL PENSION FUND POLICY AND PROCEDURES FOR ADMINISTERING MONEY FOLLOWS THE MAN RECIPROCITY

BACKGROUND

The Board of Trustees conditionally approved adopting Exhibit B to the IUOE National Reciprocity Agreement (Money Follows the Man Reciprocity) at their 124th Regular Meeting. The approval was conditioned upon Staff developing appropriate administrative policies and procedures, including a revised authorization form, which would address various legal issues identified by Fund Counsel. In addition, the Trustees approved Staff's recommendation that money follows the man reciprocity be administered in accordance with relevant prior interpretative rulings issued by the General Secretary/Treasurer's office of the IUOE. This document is intended to set forth the initial policies and procedures with respect to issues identified to date. The policies and procedures will be subject to further revision, based upon actual experience. Based upon a number of such interpretations, the following policies will be initially adopted by the Central Pension Fund in administering money follows the man reciprocity.

POLICIES INVOLVING CHANGES IN LOCAL UNION MEMBERSHIP

1. If a participant acquires a vested interest in their accrued benefit with the Central Pension Fund, subsequently transfers their Local Union membership to a non-CPF Local Union, and then requests a transfer of contributions to his current Home Local Pension Fund, the Central Pension Fund will only transfer contributions prospectively. Such contributions will not be subject to transfer under the money follows the man provisions of the National Reciprocity Agreement and the Participant will remain vested in the Central Pension Fund. The pension plan sponsored by the participant's new home Local Union would become his Home Local Pension Fund for purposes of future contributions only, while the participant remains a member of the new Local Union.

2. If a non-vested participant changes his home Local Union membership and subsequently requests a transfer of contributions to his new Home Local Pension Fund, the Central Pension Fund will only honor that request with respect to contributions received, if the current Home Local Pension Fund was also the Participant's Home Local Pension Fund at the time the work was performed, which gave rise to the contributions seeking to be transferred. For example, assume a participant has an Initial Participation Date with the Central Pension Fund of January 1, 1990 and is subsequently reported to the Central Pension Fund for four consecutive years. Further assume that during January 1995 the participant transfers his

membership from Local Union No. 406 to a Local Union which maintains an independent pension fund, such as IUOE Local No. 302. The participant then files a transfer authorization request, pursuant to the money follows the man reciprocity provisions, seeking a transfer of all contributions received by the Central Pension Fund to his current Home Local Pension Fund, IUOE Local No. 302 Pension Fund. The Central Pension Fund will only recognize that transfer authorization with respect to contributions received for hours of service on or after January 1, 1995. Contributions received by the Central Pension Fund for period endings prior to January 1, 1995 would remain with the Central Pension Fund and are not subject to transfer.

3. If a participant incurs a permanent break-in-service under the terms of the Central Pension Fund's Plan of Benefits, after taking into consideration all related service with all related funds, his service will not be revived or restored if he has subsequent service in another fund. For example, assume a participant earns two years of credited service with the Midwest Operating Engineers Pension Fund and then earns two years of credited service with the Central Pension Fund. Further assume the participant leaves the industry and at age 65, incurs a permanent break-in-service under the provisions of the CPF Plan of Benefits. If the participant resumes covered employment in his Home Local Pension Fund, after incurring the permanent break-in-service with the Central Pension Fund, and the Home Local Pension Fund restores his service under their rules, the Central Pension Fund is not obligated to follow suit.

FORMS FOR REQUESTING TRANSFERS

Attached is a revised authorization form prepared by Fund Counsel, which must be completed by a participant before processing any reciprocity transfer requests received. Additional forms may be designed as needed, based upon subsequent experience.

TIME LIMITS APPLICABLE TO TRANSFERS

While the Central Pension Fund only adopted money follows the man reciprocity during 2002, the Fund will not apply any time limits to a refund request. Therefore, if a Participant files a transfer request for contributions received in prior years, it will be honored, subject to the policies discussed above and the policies imposed by the participant's Home Local Pension Fund.



MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees
Central Pension Fund of the International Union of
Operating Engineers and Participating Employers
4115 Chesapeake St., NW
Washington, DC 20016

Re: Request for Transfer of Contributions to Home Local Pension Fund

Participant Name

Social Security Number

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, as of the date this request is received by the Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

1. I am a member of IUOE Local No. _____, AFL-CIO and my Union Register No. is _____.
2. My Home Local Pension Fund is _____.
3. I understand that the benefits to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
4. I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

PLEASE CHECK THE APPROPRIATE BOX

- I do not want an estimate before the Board acts upon my request.
 - I hereby request an estimate before the Board acts upon my request.
5. I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.
 6. I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedures for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.

7. I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund, such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assigns, any right to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.

8. I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Fund shall not be liable in the event my Home Local Pension Fund rejects my transfer request on the basis of its time limits.

Participant's Signature

Street Address

City, State Zip

Subscribed and sworn to before me this _____ day of _____,
_____.

Notary Public

HEALTH & WELFARE RECIPROCITY AGREEMENT

Request and Authorization for Transfer of Contributions

Participant Name (Please print)

Social Security Number

I request and authorize that the Board of Trustees of the Local _____ Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. ____ and my Union Registration No. is _____.
2. My Home Health and Welfare Fund is _____.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, my and my dependants' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release, on behalf of myself and my dependants, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

Participant's Signature

Date

Street Address

City, State, Zip

Telephone

BRAD BURRIS
President

JAY ELDERS
Business Manager

JUSTIN SCHULTZ
Business Representative
Recording Secretary

JASON SISSOM
Vice President

JEREMY HICKAM
Treasurer

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LOCALS NO. 318, 318A, 318B, 318C, 318RA

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Trustee

JAMES DILLOW
Business Representative
Financial Secretary

JOSH COOK
Trustee

MIKE STORY
Trustee

BOND REQUIREMENTS

All contractors doing business in the jurisdiction of Local 318 shall obtain and maintain during the term of this agreement and being renewed yearly an approved surety bond in the amount up to two hundred (\$200,000) thousand dollars to guarantee their employees working under this agreement the payments listed below:

1. PAYMENT AND WAGES
2. PENSION PLAN FUND
3. HEALTH & WELFARE PLAN FUND
4. ANNUITY FUND
5. JOINT APPRENTICESHIP AND ADVANCED TRAINING FUND
6. SUPPLEMENTAL DUES CHECK-OFF PAYMENTS
7. BUILDING AND TRANSPORTATION FUND
8. VACATION FUND
9. OPERATOR ACTION FUND
10. EGYPTIAN BUILDERS AND ORGANIZED LABOR TOGETHER (EBOLT) FUND
11. TRUST FUND
12. INDUSTRY ADVANCEMENT FUND (IAF)
13. DIAAF - IAF FUND
14. AGC – IAF FUND

Contractors may also obtain an irrevocable letter of credit from their bank that includes the same items as listed above in lieu of a surety bond.

IUOE Local 318

WAGE AND FRINGE BENEFIT BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS; that we _____

_____ herein called the Principal,
and _____. A corporation authorized to transact business in the
State of _____ herein called the Surety, are hereby held and firmly
bound unto International Union of Operating Engineers Local 318 herein called the Oblige, in the
penal sum of _____ (_____) for the obligation hereinafter set forth for the
payment of which, well and truly to be made , we hereby, jointly and severally, bind ourselves, our
successors and assigns and heirs, executors and administrators.

WHEREAS, the above named Principal is employing employees represented by the Operating Engineers
Local 318, for the purpose of performing certain classified work in the territory within the jurisdiction of said
Union as defined in that certain Agreement now in full force and effect between Employer and the Union.
NOW THEREFORE, the conditions of this bond are such that if the said Principal shall well, faithfully and
continuously pay the wages and fringe benefits including: Pension Plan, Health and Welfare Plan, Annuity Fund,
Joint Apprenticeship and Advanced Training Fund, Supplemental Dues Check-off payments, Building and
Transportation Fund, Operator Action Fund, Vacation Fund, Egyptian Builders and Organized Labor Together
(EBOLT) Trust Fund, Downstate Infrastructure Awareness and Advancement Fund (DIAAF) and Industry
Advancement Funds (IAF), which are due by reason of the work performed by all Union members and other
employees covered by the provision of the aforesaid Agreement, then this obligation shall be void, otherwise
to remain in full force and effect. It is expressly understood and agreed that the Principal and Surety, jointly
and severally, are obligated to pay such Wages and all Fund contributors as listed above as are due and unpaid.
In no case shall the liability of the Surety exceed the penal sum stated above.

This bond may be cancelled by the Surety thirty (30) days after the receipt by the Oblige of the Surety's
written notice of cancellation sent by Registered Mail.

Signed, sealed and dated this _____ day of _____, _____

PRINCIPAL

SURETY

BY: _____

BY: _____

International Union of Operating Engineers Local 318
3310 Water Tower Road
Marion, Illinois 62959

On _____ before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared _____ known to me to be Attorney-in-fact of _____, the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he/she duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and date and year stated in the certificate above.

Notary Public

NOTICE OF INCOMPETENCY

To Whom It May Concern:

This notice is to inform IUOE Local318 of Marion, Illinois on the matter of _____.

(Operator's name)

Due to the incompetency of their operational skills to perform as needed on a _____,

(type of equipment)

they have been released as an employee of this company. The operator has general knowledge of said equipment, but the ability to operate it proficiently, as desired by this company is inadequate.

Additional Comments: _____

Company Name: _____

Company Address: _____

City; State; Zip: _____

Contact Name: _____

Contact Title: _____

Contact Phone #: _____

Signature: _____ Date: _____

Return to: IUOE Local 318, 3310 Water Tower Rd., Marion, IL 62959

001 ADAMS		035 HARDIN	X	069 MORGAN	
002 ALEXANDER	X	036 HENDERSON		070 MOULTRIE	
003 BOND		037 HENRY		071 OGLE	
004 BOONE		038 IROQUOIS		072 PEORIA	
005 BROWN		039 JACKSON	X	073 PERRY	
006 BUREAU		040 JASPER		074 PIATT	
007 CALHOUN		041 JEFFERSON		075 PIKE	
008 CARROLL		042 JERSEY		076 POPE	X
009 CASS		043 JODAVIESS		077 PULASKI	X
010 CHAMPAIGN		044 JOHNSON	X	078 PUTNAM	
011 CHRISTIAN		045 KANE		079 RANDOLPH	
012 CLARK		046 KANKAKEE		080 RICHLAND	
013 CLAY		047 KENDALL		081 ROCK ISLAND	
014 CLINTON		048 KNOX		082 ST. CLAIR	
015 COLES		049 LAKE		083 SALINE	X
016 COOK		050 LASALLE		084 SANGAMON	
017 CRAWFORD		051 LAWRENCE		085 SCHUYLER	
018 CUMBERLAND		052 LEE		086 SCOTT	
019 DEKALB		053 LIVINGSTON		087 SHELBY	
020 DEWITT		054 LOGAN		088 STARK	
021 DOUGLAS		055 MACON		089 STEPHENSON	
022 DUPAGE		056 MACOUPIN		090 TAZEWELL	
023 EDGAR		057 MADISON		091 UNION	X
024 EDWARDS		058 MARION		092 VERMILION	
025 EFFINGHAM		059 MARSHALL		093 WABASH	
026 FAYETTE		060 MASON		094 WARREN	
027 FORD		061 MASSAC	X	095 WASHINGTON	
028 FRANKLIN	X	062 MCDONOUGH		096 WAYNE	
029 FULTON		063 MCHENRY		097 WHITE	X
030 GALLATIN	X	064 MCLEAN		098 WHITESIDE	
031 GREENE		065 MENARD		099 WILL	
032 GRUNDY		066 MERCER		100 WILLIAMSON	X
033 HAMILTON	X	067 MONROE		101 WINNEBAGO	
034 HANCOCK		068 MONTGOMERY		102 WOODFORD	

(Please complete Reverse Side)