



Notification of Construction Job Completion

Instructions

It is the responsibility of the Employer to notify the Trust upon completion of work covered by the Project Labor agreement. This notification will discontinue the employer's responsibility to submit monthly reporting forms and prevent referral for collection for months following the completion of the job in which pension contributions and hourly details are not received. Upon completion of the job, please complete the Employer section of this form and email to: WCTPTAccountClosure@nwadmin.com.

Employer Section

| | |
|-----------------------------------|--|
| Employer Name | |
| WCTPTF Employer Account Number(s) | |
| Teamsters Local Union Number | |
| Name of Project Labor Agreement | |
| Job Completion Date | |
| Name of Person Completing Form | |
| Signature | |
| Email Address | |
| Mailing Address | |
| Date | |

Additional Comments:

