



**Plumbing-Heating-Cooling Contractors of the Greater Sacramento Area  
 Plumbers Unilateral Apprenticeship Committee & Training Programs (State Purposes)  
 Plumbing-Heating-Cooling Contractors of California  
 Apprenticeship Committee (Federal Purposes)**

**5816 Roseville Road Suite 1  
 Sacramento, CA 95842  
 Telephone: (916) 640-0910  
 Fax Number (916) 640-0905**

**EMPLOYER PARTICIPATION AGREEMENT**

1. The undersigned Employer hereby adopts and agrees to be bound to the Plumbing, Heating, and Cooling Contractors of the Greater Sacramento Area ("PHCC-GSA") Training Trust Agreement (receipt of a copy of which is hereby acknowledged) and to make contributions to the PHCC-GSA Training Trust Fund at the following rate (not less than \$.85 per hour) for all hours of work performed by all employees of the employer on the project indicated:

Rate: \_\_\_\_\_  
 Project: \_\_\_\_\_  
 Beginning Date: \_\_\_\_\_  
 Approximate Ending Date: \_\_\_\_\_

2. Contributions shall be paid as directed by the trustees. Not later than the 17<sup>th</sup> day of the month following the month in which the hours were worked, the Employer will remit to the Fund Administrator, or whomever else the trustees shall direct, the contributions due, together with a statement which sets forth the total number of hours worked on the project site by employees of the Employer. Failure to remit the contributions when due may result in the assessment of interest and costs incurred by the Fund to collect the delinquency.

3. This agreement will automatically terminate upon the Employer's completion of work on the project, unless extended or modified in writing, and signed by the Employer and the Trust Fund. This Agreement may also be terminated earlier upon delivery of written notice by either party to the other; provided however, the Employer will be obligated for all contributions accrued up to the date of termination.

Dated: \_\_\_\_\_

FOR THE EMPLOYER:

By: \_\_\_\_\_

Title: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE #: \_\_\_\_\_ CONTRACTORS LICENSE #: \_\_\_\_\_

BUSINESS TYPE:  
 \_\_\_ CORPORATION \_\_\_ PARTNERSHIP \_\_\_ PROPRIETORSHIP \_\_\_ LTD. PARTNERSHIP

DATE THIS AGREEMENT SHOULD TAKE EFFECT: \_\_\_\_\_

Accepted on behalf of the trustees of the PHCC-GSA Training Trust Fund:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_