

**PRIVATE SECTOR ONLY: SPECIAL MONTHLY REPORT OF PER CAPITA PAYMENT**  
 FOR PRIVATE-SECTOR AGENCY SHOP AND FAIR SHARE FEE PAYORS WHOSE FEE IS THE SAME AS FOR MEMBERS  
 (USE A SEPARATE FORM FOR EACH MONTH)

This form is to be used to report per capita payment for all private-sector Agency Shop and Fair Share fee payors except those whose fees are set at less than 100% of members dues. Use Form PCT5 to report units for those paying at such lesser rates.

LOCAL UNION NAME		1 LOCAL NO.	2 COUNCIL NO.	3 STATE			
		4 REPORT FOR MONTH OF		TODAY'S DATE			
Leave this space blank	CODE	COMPLETE THIS SECTION FOR LOCAL USE			LEAVE BLANK — FOR INTERNATIONAL USE ONLY		
		NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT	AMOUNT
PRIVATE-SECTOR AGENCY/FAIR SHARE FEE PAYORS Full Time Units	111		16.05			16.05	
PRIVATE-SECTOR AGENCY/FAIR SHARE FEE PAYORS Part time with regular work schedules of <u>twenty</u> or fewer but more than <u>twelve</u> hours per week	211		12.00			12.00	
PRIVATE-SECTOR AGENCY/FAIR SHARE FEE PAYORS Part time with regular work schedules of <u>twelve</u> or fewer hours per week	311		8.05			8.05	
TOTAL UNITS, this page, enter on PCT 1			xxx			xxx	

NOTE: Payroll Deduction—If Payroll is received more than once in a month, use the average number of units received, dropping any fractions from this average figure.

**FOR INFORMATION PURPOSES ONLY, REPORT CHALLENGED AMOUNTS ESCROWED**

Units Placed in Escrow this Period (Do Not Include in Reported Units Above)

TYPE OF UNITS	NO. OF UNITS	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total placed in Escrow This Period_	_____	xxx	_____

COMMENTS: \_\_\_\_\_

CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS

COUNCIL P.C.T. PAYMENT

Number of Units \_\_\_\_\_  
 Council P.C.T. Rate \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Total check payable to Council, mail direct \_\_\_\_\_

THE INFORMATION SHOWN IN THIS REPORT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Reporting Officer

Title

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 Council P.C.T. Rate \_\_\_\_\_  
 Amount \_\_\_\_\_  
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Council P.C.T. Rate \_\_\_\_\_

Amount \_\_\_\_\_

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 Signature of Reporting Officer Title

