

**IBEW Local 46
Work Recovery Program
Employee's Weekly Hour Report
Form # 46WRP#3A**

Employer (Please Print in Below Box)

Job Name & Location (Please Print in Below Box):

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M D Y

**Payroll
Week**

From:

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IBEW Local 46
Work Recovery Job #

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To:

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Employee's SS#

**DATE Hours
 Worked**

			Employee's Name:
Monday			
Tuesday			
Wednesday			Employee's Signature Date
Thursday			DO NOT USE BLACK INK FOR SIGNATURE! This Timesheet must be signed by the Employee or hours will not be paid.
Friday			
Saturday			Steward's Signature Date
Sunday			
TOTAL			

THIS FORM MUST BE USED IN ITS ORIGINAL STATE. NO OTHER FORM WILL BE ACCEPTED.

DO NOT FAX!

WEEKLY TIME SHEET NUMBER WRP#3B MUST BE FILLED OUT COMPLETELY AND MAILED OR HAND DELIVERED (DO NOT FAX!) WITH WRP#3A (EMPLOYEE'S WEEKLY HOURS REPORT) BY NO LATER THAN 30 DAYS FROM THE DAY WORKED NOTED ON THIS FORM. NO TIME WILL BE PAID ON HOURS SUBMITTED

Attach to corresponding Employer Sheet WRP#3B and submit this form to:

Market Recovery
IBEW Local 46
19802 62nd Ave S., Kent, WA 98032