

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

Employer (Please Print in Below Box)				Job Name & Location (Please Print in Below Box):							
Payroll Week	From:		To:								
IBEW Local 46 Work Recovery Job #				Hours Worked				TOTAL HOURS			
				MON	TUE	WED	THU	FRI	SAT	SUN	
Name:											
SS#											
Name:											
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Name:											
SS#											
Name:											
SS#											
TOTAL ELECTRICIAN'S HOURS (include Foreman & Apprentice):											
Employer's Signature (Owner or Officer Only)				Date		FINAL REPORT? Yes No					

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 OVER 30 DAYS FROM DAY WORKED**

**Attach corresponding Employee Sheets WRP#3A and submit to:**

Market Recovery  
IBEW Local 46  
19802 62<sup>nd</sup> Ave S., Kent, WA 98032