

**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):

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

**Payroll
Week**

From:

M	D	Y
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To:

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IBEW Local 46
Work Recovery Job #

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Employee's SS#

DATE

Hours
Worked

Monday

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Employee's Name:

Tuesday

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Wednesday

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Employee's Signature

Date

Thursday

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DO NOT USE BLACK INK FOR SIGNATURE!
This Timesheet must be signed by the Employee or hours
will not be paid.

Friday

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Saturday

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Steward's Signature

Date

Sunday

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TOTAL

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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