

**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: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| TOTAL ELECTRICIAN'S HOURS (include Foreman & Apprentice): | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width: 30%; padding: 5px;">Employer's Signature (Owner or Officer Only)</td> <td style="width: 20%; padding: 5px;">Date</td> <td style="width: 50%; padding: 5px; text-align: right;">FINAL REPORT? Yes No</td> </tr> </table> | | | | | | | | | | | Employer's Signature (Owner or Officer Only) | Date | FINAL REPORT? Yes No |
| 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 62nd Ave S., Kent, WA 98032