

EMPLOYEE'S MONTHLY WORK REPORT

Month of: _____, 20 _____

Section 1

Please Print All Information Clearly

Employee Name: _____

Address: _____

City/State/Zip: _____

SSN: _____ - _____ - _____ Tel No: () _____

Card No: _____ Home Local # _____

Contractor: _____

Section 2

	A	B	C	D	E	F
	Week End	Job Site/Location	S/T Hours	O/T Hours	D/T Hours	Gross Pay
1						\$
2						\$
3						\$
4						\$
5						\$
		TOTAL:				\$

I finished working in the area on: _____, 20 _____

(Signature)

(Date)

INSTRUCTIONS

- PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION.
- This form is to be completed monthly by all employees working on job sites within the geographical jurisdiction of Local 269 or when so requested by the Business Manager or his representative. Report must be submitted to Local 269 by the 15th of the month following the month in which the work was performed.
- When you have finished working in the Local 269 area, (i.e. the job is 100% complete and you are laid-off or moved to another job outside the area) and therefore are submitting a final report form, please include the date of the last day you worked in Local 269's area where such is indicated on the form.
- Each employee is required to submit his or her own form for each month or part thereof he or she worked in the Local 269 area. This is your responsibility, not your foreman's or your employer's.
- If you have any questions regarding this form or need additional blank forms, feel free to call the Local 269 office at the telephone number listed on top of this form. Additionally, the form may be printed from Local 269's web site at www.ibew269.com. Click on "BENEFITS OFFICE" then "Benefit Forms" link to locate the Employee Monthly Work Report form.