

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 5 NEW YORK

1 SCOBIE DRIVE

NEWBURGH, NEW YORK 12550

SHOP STEWARD'S TIME REPORT

PAYROLL WEEK ENDING DATE: _____

Month _____ Day _____ Year _____

Contractor Name: _____

Project Name: _____

Address: _____

Job Location: _____

City and State: _____

County: _____

Gen. Contractor and Address: _____

Print Name	Status	IU/SS Number	LU	Daily Hours	Total
1.				/	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Status: J = Journeyman A = Apprentice

Total Hours: _____

A separate sheet should be used for each weekly report. ALL JOURNEYMAN AND APPRENTICES MUST BE LISTED ON THIS REPORT WHICH MUST BE COMPLETED AND MAILED EACH WEEK.

Shop Steward's Name _____ Local # _____

Shop Steward's Signature _____

OFFICE USE ONLY
Received: _____

EMPLOYER VERIFICATION

The Employer/Contractor hereby certifies that the information set forth above, as to the names of the individuals, their status (Journeyman, Apprentice) and their hours worked, is accurate and correct.

Dated: _____

Name of Company: _____

Signature of Employer Representative _____

Print Name and Title _____