

Local Union 380 I.B.E.W. - Weekly Time Sheets

Contractor: _____
Job Name: _____
Job Address: _____

Week Ending Sunday, _____ / _____ / _____
 Month Day Year

Name	Card Number	LU #	Dues Paid	Rate	Class	Normal Hours					Total	Overtime Hours						Total OT				
						M	T	W	T	F		M	T	W	T	F	S		S			
1																						
2																						
3																						
4																						
5																						
6																						
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16																						
17																						
18																						
19																						
20																						
TOTALS:																						

Notes:

1. List all overtime hours for the week (Monday through Sunday) as "Actual hours worked" for each day".
2. Normal hours should not exceed 8 hrs. per day.
3. More than one week can appear on this sheet
4. Fax Completed Form to (610) 489-8974 or Email to timesheets@ibewlu380.com