

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																					
7																					
8																					
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14																					
15																					
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