

# STEWARD'S WEEKLY REPORT

No. \_\_\_\_\_

NJCF 1-800-624-3096

THIS REPORT MUST BE SUBMITTED ON THE DAY OF YOUR CONTRACTOR'S PAYROLL WEEK ENDING  
ALL SHOP STEWARD REPORTS MUST BE SUBMITTED WEEKLY!

Contractor Performing Work _____	Contractor Code: _____
Contractor Address: _____	Payroll Week Ending: _____
Name of Job: _____	Owner's Name: _____
Job Location: _____	Contractor Phone #: _____
E-mail: _____	

Local Union # Covering Job: _____	Business Agent: _____
*SEE BACK FOR ADDITIONAL INSTRUCTIONS	SHOP STEWARD MUST BE COMPLETED IN FULL
Date Contractor Started Job: _____	Date Project Started: _____
Approximate Time Job Will Run: _____	How far has job advanced: _____
Expected Date of Job Completion: _____	Actual Date of Job Completion: _____

SOCIAL SECURITY # OR UBC#	*EMP CODE	PLEASE PRINT CARPENTER'S NAME (Last Name Alphabetically)	LOCAL UNION NO. AND STATE	RATE PER HOUR	IMPORTANT	HOURS WORKED		
					GROSS WAGES	REGULAR	1 1/2	DOUBLE TIME
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
UTILIZE ONE (1) FORM FOR EACH JOB LOCATION AND SUBMIT WEEKLY					TOTALS			

Shop Steward's Signature _____	Local _____	Date _____
Address _____	Phone # _____	

TOTAL TAPING HOURS INCLUDED IN THIS WEEK'S REPORT

PLEASE NOTE THAT THERE IS ADDITIONAL IMPORTANT INFORMATION THAT MUST BE COMPLETED ON THE BACK!

