



REINFORCED IRONWORKERS, RIGGERS & MACHINE MOVERS LOCAL UNION NO. 405

Phone (215) 462-7300 • Fax (215) 551-0423



STEWARD'S WEEKLY REPORT

THIS REPORT MUST BE TURNED IN WEEKLY TO THE LOCAL UNION
FILLED OUT COMPLETE

FULL NAME OF CONTRACTOR				WEEK ENDING SATURDAY _____ MONTH DAY YEAR
FULL ADDRESS OF CONTRACTOR				
NUMBER	NAME OF STREET	CITY	STATE	
JOB LOCATION - ADDRESS IN FULL				NAME OF FOREMAN
NUMBER	NAME OF STREET	CITY	STATE	TYPE OF WORK
PLEASE PRINT NAME OF COMPANY CARRYING INSURANCE				

NAME OF MEN ON JOB (PLEASE PRINT)	LOCAL	CARD NO.	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL HOURS	MONTH DUES PAID	TRAVEL SERV.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Please Check if Job is Completed <input type="checkbox"/>										TOTAL HOURS		

JOB PHONE _____

INJURIES ON JOB _____

STEWARD'S NAME _____