

**IBEW LOCAL 46
WORK RECOVERY PROGRAM**

EMPLOYER'S CUMULATIVE HOURS WORKED REPORT

PLEASE SUBMIT THIS COMPLETED FORM TO:

WEB@IBEW46.COM

**TO RECEIVE FINAL PAYMENT FOR JOB DESIGNATED BELOW,
THANK YOU!**

JOB NAME:

IBEW LOCAL 46 WORK RECOVERY JOB#

START DATE:

END DATE:

TOTAL HOURS WORKED BY CLASSIFICATION	
JOURNEY WIRE	
APPRENTICE WIRE	
JOURNEY TECHNICIAN (S&C)	
S&C APPRENTICE	
S&C INSTALLER	
RESIDENTIAL	
RESIDENTIAL APPRENTICE	