

SHEET METAL WORKERS' LOCAL #10 MARKET RECOVERY FUND TIME SHEET AND MANPOWER REPORT



MR Job Number

Job Name

Job Address

S/M Contractor:

Month

Year

Name

Classification

SS Number

Wage Rate

Total Hours

Sun	Mon	Tue	Wed	Thur	Fri	Sat	Weekly Total

This report is to be completed weekly by the **employee** and given to the employer at the last monthly pay period to be forwarded to the local union with the monthly summary for the reimbursement to the employer. This is for verification of hours worked on the above targeted job, and must be signed by **employee and contractor**. Failure to remit these time sheets to the SMART Local Union #10 office by the 15 day of the month following the closing of the month being reported will mean a one month delay in payments. Payment to the contractor will be forwarded by the 30 of the following month.

Employee Name

Date

Signature

S/M Contractor

Date

Signature

THIS PROJECT IS COMPLETE. NO FURTHER REPORTS WILL BE FORWARDED _____

S/M Contractor Signature