



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
FULL ADDRESS OF CONTRACTOR				
NUMBER	NAME OF STREET	CITY	STATE	MONTH DAY YEAR

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 TOTAL HOURS

JOB PHONE _____ INJURIES ON JOB _____

STEWARD'S NAME _____