

***PLEASE BE SURE TO FILL OUT THIS ENTIRE SECTION**

If Sub-Contractor - List _____	Owners Name _____																				
General Contractor _____	Phone Number _____																				
General Contractor Address _____	Fax Number _____																				
Project Owner _____	Contact Person _____																				
Owner's Address _____	Phone Number _____																				
	Fax Number _____																				
<p>PLEASE CIRCLE THE TYPE OF WORK THAT IS BEING PERFORMED</p> <table style="width:100%; border:none;"> <tr> <td>CARPETING 01</td> <td>FLOOR SYSTEMS 04</td> <td><u>INTERIOR SYSTEM</u></td> <td>DRYWALL 07C</td> <td>MILLWRIGHT 09</td> </tr> <tr> <td>CONCRETE 02</td> <td>HAZ MAT 05</td> <td>CEILINGS 07A</td> <td>TAPING 07D</td> <td>SCAFFOLDING 10</td> </tr> <tr> <td>EXTERIOR 03</td> <td>INTERIOR FINISH 06</td> <td>METAL STUDS 07B</td> <td>LATHING 08</td> <td>WOODFRAMING 11</td> </tr> <tr> <td></td> <td>(TRIM - DOORS/HARDWARE)</td> <td></td> <td></td> <td>MISCELLANEOUS 12</td> </tr> </table>		CARPETING 01	FLOOR SYSTEMS 04	<u>INTERIOR SYSTEM</u>	DRYWALL 07C	MILLWRIGHT 09	CONCRETE 02	HAZ MAT 05	CEILINGS 07A	TAPING 07D	SCAFFOLDING 10	EXTERIOR 03	INTERIOR FINISH 06	METAL STUDS 07B	LATHING 08	WOODFRAMING 11		(TRIM - DOORS/HARDWARE)			MISCELLANEOUS 12
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Circle one of the following: Federal Project State Project Municipal Project Private <small>If project is private, disregard this section.</small>																					
Name of Bond Company, if applicable _____	Contact Person _____																				
Bond Company Address _____	Phone Number _____																				
	Fax Number _____																				

INSTRUCTIONS FOR COMPLETING FORM

STEWARDS REPORTS MUST BE SUBMITTED WEEKLY

IMPORTANT - As the Shop Steward on this job it is your responsibility to complete these reports on a weekly basis completely and correctly with the information required. This report is essential to insure the proper payments by the contractor and to be sure that you and other carpenters receive the benefits to which you are entitled. IF THERE IS NO SHOP STEWARD ON THE JOB, ANY CARPENTER CAN FILL OUT THE REPORT AND SEND IT IN. The Trustees reserve the right to withhold benefits from any carpenter who does not submit a report of his employment to the Fund office. IT IS YOUR RESPONSIBILITY TO SIGN AND MAIL THIS REPORT WEEKLY. NO POSTAGE IS NEEDED.

THIS REPORT MUST INCLUDE THE CONTRACTOR CODE TO INSURE PROMPT AND ACCURATE PROCESSING. THIS INFORMATION CAN BE OBTAINED BY CONTACTING THE FUND OFFICE.

STEWARDS REPORT MUST BE COMPLETED IN FULL

PLEASE NOTE THE FOLLOWING:

- USE SEPARATE REPORT FOR EACH PROJECT
- ALL CARPENTERS ON YOUR JOB MUST BE LISTED, INCLUDING OUTSIDE MEN.
- LIST OVERTIME AS ACTUAL HOURS WORKED IN PROPER SPACES.
- CIRCLE NAMES OF MEN LAID OFF.

***EMPLOYEE CODES**

- | | |
|----------------|--------------------|
| A - Apprentice | J - Journeyman |
| F - Foreman | S - Superintendent |
| I - Improver | T - Taper |