

**SUPPLEMENTAL INFORMATION / CONSTRUCTION WORKERS**

EMPLOYERS NAME AND ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

WEEK ENDING	PROJECT NAME/LOCATION (Give name of prime contractor for each project)	TYPE OF WORK PERFORMED	HOURLY PAY	-----HOURS-----						
				M	T	W	TH	F	S	SU
		<b>TOTAL REG. HRS.</b>								
		<b>TOTAL O.T. HRS.</b>								

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_