

**WISCONSIN LABORERS' DISTRICT COUNCIL  
JOB-TARGET PROGRAM**

**HOURS WORKED REPORT**

Job ID#: \_\_\_\_\_ Project name: \_\_\_\_\_

Location and address: \_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Estimated Laborer hours: \_\_\_\_\_ Amount granted: \_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_

Address	City	State	Zip
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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Laborer hours:**

Employee Name	Social Security #	Total hours worked upon completion of job
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I hereby certify that the above information is true and accurate**

\_\_\_\_\_

Name	Title	Date
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Forward this form to:      Wisconsin Laborers' District Council  
4633 LIUNA Way, Suite 101  
DeForest, WI 53532  
Fax: (608) 846-5460