

APPRENTICE MONTHLY WORK PROGRESS RECORD

This form must be maintained and submitted to the Apprenticeship Office at the end of each month. Remove monthly sheet and mail to: Indiana Laborers' JATC, P.O. Box 758, Bedford, IN 47421.

LOCAL # _____

NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 MONTH: _____ YEAR: _____

WORK PROCESSES	Enter Daily, the number of hours worked on each work process.																															Total Monthly Hours
GENERAL SKILLS:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Site/Project Preparation & Maint.																																
Tools, Equipment & Materials																																
Safety																																
Specific Skills																																
Environmental Remediation																																
Building Construction																																
Heavy/Highway Construction																																
Total Daily Hours																																

EMPLOYER: _____
 APPRENTICE: I certify that the above information is correct.

EMPLOYER COMMENTS: _____

Signature _____ Date _____

Employer Signature _____ Date _____

*See inside back cover for description of Work Processes.

