

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.

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

MONTH: _____ YEAR: _____

LOCAL # _____

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																																	

*See inside back cover for description of Work Processes.

APPRENTICE: I certify that the above information is correct.

EMPLOYER: _____



Signature Date