

APPRENTICE MONTHLY WORK PROGRESS RECORD

This form must be maintained and submitted to the Apprenticeship Office by the **10th** of each month. Mail to: Indiana Laborers' JATC, P.O. Box 758, Bedford, IN 47421.

_____ LOCAL #

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

WORK PROCESSES	Enter daily hours to the nearest 1/2 hour, by work process. *Reports must be totaled before being submitted.																															Total Monthly Hours			
CORE WORK 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 Prep & Maint. / Tools, Equipment & Materials / Safety																																			
CONCENTRATION:																																			
Building Construction																																			
Heavy/Hwy & Utility Construction																																			
Masonry																																			
Demolition & Deconstruction																																			
Pipeline																																			
Tunneling																																			
Environmental Remediation																																			
Landscaping																																			
Total Daily Hours:																																			

APPRENTICE: I certify that the above information is correct.

NAME OF EMPLOYER

Signature

Date

* See inside back cover for description of Work Processes.