

Carpenters

Month Year

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(UBC ID)	
(Name)	Dates Week 1
(Address)	Dates Week 2
(City, State, Zip)	Dates Week 3
(Phone)	Dates Week 4
(Email)	Dates Week 5
(Signature) (Owner, Supt., Foreman, Payroll)	
(Name of Company)	

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Weekly Total
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

This Months Hours: _____

Previous Total: _____

Total Program OJT Hours: _____

	A	B	C	D	E	F
	SAFETY	USE/CARE	LAYOUT	PRE-	FABRI-	DISAS-
	HSKPG	TOOLS		FAB	CATION	SEMBLY
	(0.057)	(0.114)	(0.114)	(0.057)	(0.570)	RMNDR
+						
=						

- Instructions:**
- 1) Enter all hours worked each day per week
 - 2) Total all hours in this months total line
 - 3) Complete multiplication across grid
 - 4) Do the addition totaling hours vertically
 - 5) Signed sheet due the 15th