APPRENT	ICE MONTHI	LY WORK PR	OGRESS REC	CORD			
This form must be maintained and submitted to the		NAME:	John Doe				
Apprenticeship Office at the end of each month. Remove	Local #	ADDRESS:	P.O. Box 7	7 <mark>58</mark>			
monthly sheet and mail to: Indiana Laborers' JATC, P.O.	204	CITY:	Bedford		ZIP:	47421	
Box 758, Bedford, IN 47421.	204	MONTH:	January		YEAR:	2010	<mark>)</mark>

WORK PROCESSES	Enter daily, the number of hours worked on each work process.															Total																
GENERAL SKILLS:	1	2	3	4	5	6	5 7	8	9	10	11	12	13	14	15	16	17	18	8 19	20	21	1 22	23	24	25	2	6 27	28	8 29) 3() 31	Monthly Hours
Site/Project Preparation & Maint.			1	1	3	1																								R	R	6
Tools, Equipment & Materials			1	1		1			2		3	3					3		3	1										Rain Out	Rain Out	18
Safety					2.5				2	4	1.5	2					2	2		1										ut	ut	17
SPECIFIC SKILLS:			•		•		•					-	-		•			•	•	-	-		-	-	-	•			•	-		
Environmental Remediation																														R	R	
Building Construction		8	6	6	2.5	6			4	4	5.5	3	10			10	5	6	5	6										Rain Out	Rain Out	87
Heavy/Highway Construction																														۳t	ut	
Total Daily Hours		8	8	8	8	8			8	8	10	8	10			10	10	8	8	8												128
EMPLOYER: Name of Contractor that you worked for last EMPLOYER COMMENTS:																																
APPRENTICE: I certify	, tha	it th	e ab	ove	info	rma	ition	is c	corr	ect.																						

John Doe1/31/2010SignatureDateEmployer SignatureDate

*See inside back cover for description of Work Processes