

FIRST WEEK Total

M T W T F S S Hours

APPLYING MOLDED P/C (HOT) (COLD)									
APPLYING DUCT INS. (RIGID) (FLEXIBLE)									
APPLYING BLANKETS									
APPLYING BLOCK INSUL. (WIRE) (BANDS) (OTHER)									
CANVASING OR OTHER FINISH WORK									
MATERIAL HANDLING									
APPLYING JACKET MAT'L. (METAL) (OTHER)									
SHOP WORK (FITTINGS) (METAL)									
OTHER (SPECIFY)									
Job-site Name								<b>TOTAL HOURS</b>	
City & State									

Name \_\_\_\_\_

Registration Number  
or last 4 digits of SSN

SSN \_\_\_\_\_

Employer \_\_\_\_\_

Week Ending \_\_\_\_\_

\_\_\_\_\_  
Apprentice Signature, must sign all weeks

SECOND WEEK Total

M T W T F S S Hours

APPLYING MOLDED P/C (HOT) (COLD)									
APPLYING DUCT INS. (RIGID) (FLEXIBLE)									
APPLYING BLANKETS									
APPLYING BLOCK INSUL. (WIRE) (BANDS) (OTHER)									
CANVASING OR OTHER FINISH WORK									
MATERIAL HANDLING									
APPLYING JACKET MAT'L. (METAL) (OTHER)									
SHOP WORK (FITTINGS) (METAL)									
OTHER (SPECIFY)									
Job-site Name								<b>TOTAL HOURS</b>	
City & State									

Name \_\_\_\_\_

Registration Number  
or last 4 digits of SSN

SSN \_\_\_\_\_

Employer \_\_\_\_\_

Week Ending \_\_\_\_\_

\_\_\_\_\_  
Apprentice Signature, must sign all weeks

THIRD WEEK Total

M T W T F S S Hours

APPLYING MOLDED P/C (HOT) (COLD)									
APPLYING DUCT INS. (RIGID) (FLEXIBLE)									
APPLYING BLANKETS									
APPLYING BLOCK INSUL. (WIRE) (BANDS) (OTHER)									
CANVASING OR OTHER FINISH WORK									
MATERIAL HANDLING									
APPLYING JACKET MAT'L. (METAL) (OTHER)									
SHOP WORK (FITTINGS) (METAL)									
OTHER (SPECIFY)									
Job-site Name								<b>TOTAL HOURS</b>	
City & State									

Name \_\_\_\_\_

Registration Number  
or last 4 digits of SSN

SSN \_\_\_\_\_

Employer \_\_\_\_\_

Week Ending \_\_\_\_\_

\_\_\_\_\_  
Apprentice Signature, must sign all weeks

FOURTH WEEK Total

M T W T F S S Hours

APPLYING MOLDED P/C (HOT) (COLD)									
APPLYING DUCT INS. (RIGID) (FLEXIBLE)									
APPLYING BLANKETS									
APPLYING BLOCK INSUL. (WIRE) (BANDS) (OTHER)									
CANVASING OR OTHER FINISH WORK									
MATERIAL HANDLING									
APPLYING JACKET MAT'L. (METAL) (OTHER)									
SHOP WORK (FITTINGS) (METAL)									
OTHER (SPECIFY)									
Job-site Name								<b>TOTAL HOURS</b>	
City & State									

Name \_\_\_\_\_

Registration Number  
or last 4 digits of SSN

SSN \_\_\_\_\_

Employer \_\_\_\_\_

Week Ending \_\_\_\_\_

\_\_\_\_\_  
Apprentice Signature, must sign all weeks.

APPLYING MOLDED P/C (HOT) (COLD)								
APPLYING DUCT INS. (RIGID) (FLEXIBLE)								
APPLYING BLANKETS								
APPLYING BLOCK INSUL. (WIRE) (BANDS) (OTHER)								
CANVASING OR OTHER FINISH WORK								
MATERIAL HANDLING								
APPLYING JACKET MATL. (METAL) (OTHER)								
SHOP WORK (FITTINGS) (METAL)								
OTHER (SPECIFY)								
Job-site Name								TOTAL HOURS
City & State								

Name \_\_\_\_\_  
Registration Number or last 4 numbers of SSN \_\_\_\_\_  
SSN \_\_\_\_\_  
Employer \_\_\_\_\_  
Week Ending \_\_\_\_\_  
\_\_\_\_\_  
Apprentice Signature, must sign all weeks.

**APPRENTICE MONTHLY WORK RECORD**

**APPRENTICE INSTRUCTIONS**  
(See Sample Work Record)

Fill in the block with the number of hours spent in each work process that day. Fill in the blanks for total hours, job name, and location. If absent any days, the reason should be written in the column for that day. If unemployed, mark this across your card for that week. Sign the card.  
This monthly report shall be mailed to the JAC no later than 2 days following the last work week of each month.  
If this report is lost, it will cost the apprentice \$5.00 to have it replaced.

**SAMPLE WORK RECORD FIRST WEEK** TOTAL HOURS

	M	T	W	T	F	S	S	S
APPLYING MOLDED P/C (HOT) (COLD)		4	4	4	8	8		28
APPLYING DUCT INS. (RIGID) (FLEXIBLE)								
APPLYING BLANKETS								
APPLYING BLOCK INSUL. (WIRE) (BANDS) (OTHER)		2	2	2				6
CANVASING OR OTHER FINISH WORK								
MATERIAL HANDLING								
APPLYING JACKET MATL. (METAL) (OTHER)								
SHOP WORK (FITTINGS) (METAL)								
OTHER (SPECIFY) ASBESTOS REMOVAL		2	2	2				6
Job-site Name	CITY CHEMICAL Co							TOTAL HOURS
City & State	BECKLEY, WV							

Name JOHN SMITH  
SSN \_\_\_\_\_ Registration # or last 4 digits of SS# \_\_\_\_\_  
Employer TAYLOR INSULATION, INC  
Week Ending 6/12/90  
\_\_\_\_\_  
Apprentice's Signature

Heat & Frost Insulators and Allied Workers  
Local #80 JATC  
PO Box 86  
Portland, OH 45770