

**ABC MONTHLY WORK REPORT
Carpenter**

Month _____
Year _____

Work Processes	Hours Required by ATELS	Hours From Last Report	Days of the Month																															Total Hours Month	Total Hours To Date		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	#	17	18	19	20	#	22	23	24	25	26	27	28	29	30	31				
1. Basic Trade	300																																				
2. Foundations, Walls and Floors	1500																																				
3. Framing	800																																				
4. Roofs	800																																				
5. Exterior Mill Work	800																																				
6. Interior Wall Coverings	500																																				
7. Floors	500																																				
8. Stairs	500																																				
9. Interior Finish	1000																																				
10. Miscellaneous	1300																																				
Total	8000																																				

Total hours

APPRENTICE:
 Year 1 2 3 4 _____
 Name _____
 SS# _____
 Phone number _____
 Wage per hour _____
 Related instruction level and module _____

EMPLOYER:
 Is the apprentice punctual? Yes No
 Is he/she willing to learn? Yes No
 Does he/she show initiative? Yes No
 Is his/her quality of work good? Yes No
 Does he/she follow established safety practices? Yes No
 Comments: _____

UNEMPLOYED

The apprentice will complete the form, have it signed by the employer and **submit it to the ABC office by the 10th** of every month. Email to: apprenticeship@abcalaska.org
 Apprenticeship Office, 1900 W Benson Blvd, Suite 201, Anchorage, AK 99517, Fax (907) 565-5645.
 By signing this form both the apprentice and supervisor verify that the apprentice performed the work in each category under proper supervision.

Sponsoring Company _____
 Signature of journeyworker or employer _____ Signature of Apprentice _____