

# ABC MONTHLY WORK REPORT HVAC

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	16	17	18	19	20	21	22	23	24	25	26	27	28			29	30	31	
1. General Trade Orientation	350																																			
2. Fabrication of Systems Comp.	550																																			
3. System Installation & Connection	1600																																			
4. Equipment Installation	950																																			
5. System Maintenance	1050																																			
6. Equipment Repair	2900																																			
7. Machine Shop Practice	300																																			
8. Miscellaneous	300																																			
<b>Total</b>	<b>8000</b>																																			

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**

Prior to the 10th of the month, the apprentice will make two copies of this form; give one copy to the employer and send the other copy to **ABC of Alaska, Inc., Apprenticeship Office, 1900 W. Benson, 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 Supervisor \_\_\_\_\_ Signature of Apprentice \_\_\_\_\_