ABC MONTHLY WORK REPORT

Glazer

Month _____

Year _____

Work Processes	Hours Req. by ATELS	Hours From Last Report	Days of the Month 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	Total Hours Month	Total Hours To Date
1. General Trade	2000																																		
2. Glass	2000																																		
3. Metal	2000																																		
Total	6000																																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

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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, 360 W. Benson, Suite 200, Anchorage, AK 99503, 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 _____