

Carpenters Monthly Work Reports

Print All Letters and Numbers Clearly

These reports **Must** be submitted to the Instructor at the 1st class of each month along with a copy of your pay stubs. (copies can be made at the Training Center)

Print Name: _____ **UBC ID. # U-** _____ - _____ Month & Year: _____

Calendar Days	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	
Layout																																	
Framing																																	
Dry Wall																																	
Acoustical Ceilings																																	
Doors																																	
Hardware																																	
Stairs																																	
Concrete Forms																																	
Laminate																																	
Vinyl																																	
Composite																																	
Tile																																	
Trim																																	
Welding																																	
Miscellaneous																																	
Daily Work Hours																																	

Total Hours Worked: _____

Overall View of Apprentice

Poor () Fair () Good () Very Good ()

Comments: _____

Apprentices Signature: _____

Contractor/Job: _____

Supervisors Name: (print) _____

Supervisors Signature: _____