

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date	A	B	C	D	E	F	G	H	I	J	Total
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											

**Daily Work Description**

A - Conveyor

B - Coupling

C - Machine Erection

D - Drilling & Tapping

E - Print Reading

F - Weld & Burning

G - Turbine Erection

H - Can line

I - Instruments - Optical

J - Other

Employer's Name (Must)

Employer's Comment (Must)

Employer's Signature

Instructor's Comment (Must)

**I certify that information given on this card is true and correct, and I understand that any falsified information is just cause for dismissal from the Apprenticeship Program.**

Instructor's Signature

A work process card **MUST** be turned in for each month of training. This card must be completed and turned into the Apprenticeship office each month. Failure to keep cards current will postpone advancements and **PAY RAISES**.

Month & Year

Apprentice's Signature

Apprentice name Printed