



Inside Apprentice Monthly Work Report

(Due in the JATC Office by the 10th of the Month)

Draft

For optimum accuracy print in ink. Use capital letters or numbers and avoid contact with the edge of the box. The following will serve as an example.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Apprentice SS Numb. - - Date Report Submitted / /

Lastname

Firstname M.I. Last Day of THIS Report Period / /

Period Employer

Enter the Number of Actual Clock Hours (Including Overtime) for Each Category Worked This Month. LEAVE OFF insignificant ZEROS.

<input type="text"/> <input type="text"/> <input type="text"/>	Project Layout and Planning - Reading & interpreting blueprints and specifications / Coordination between crafts, engineers & architects / Layout feeders, risers & branch circuits	<input type="text"/> <input type="text"/> <input type="text"/>	Fire Alarm Installation - Blueprint & specification interpretation / Layout & circuit installation / Control panel & device installation / Programming & testing
<input type="text"/> <input type="text"/> <input type="text"/>	Underground & Slab Installations - Trenching and ditch digging / Direct burial / Installing PVC rigid conduit/ Installing grounding electrode systems / Floor duct or conduit in slabs	<input type="text"/> <input type="text"/> <input type="text"/>	Control System Including PLC's & Process Control Installation - Blueprint & specification interpretation / Layout & circuit installation / Distributed control
<input type="text"/> <input type="text"/> <input type="text"/>	Conduit Raceway Systems - Fastening & supporting devices, Conduit fabrication / Installation of conduit, fittings & boxes	<input type="text"/> <input type="text"/> <input type="text"/>	Security System Installation - Blueprint & specification interpretation / Layout / Box & circuit installation / Terminations & testing
<input type="text"/> <input type="text"/> <input type="text"/>	Installing Services, Motor Control Centers & Motors - Mounting devices / Installing circuit breakers & fuses / Starters and control devices /Terminations / Rigging	<input type="text"/> <input type="text"/> <input type="text"/>	Installing Sound & Communications Systems - Blueprint & specification interpretation / Layout / Conduit & box installation / Installing panels & network devices / Circuit installation / Terminations & testing
<input type="text"/> <input type="text"/> <input type="text"/>	Splicing and Terminating Wire and Cables Establishing temporary power / Feeders & branch circuits / control wiring / Splices, taps & terminations	<input type="text"/> <input type="text"/> <input type="text"/>	Installing & Terminating Transformers - Rigging & Mounting / Primary & secondary terminations / Testing & troubleshooting
<input type="text"/> <input type="text"/> <input type="text"/>	Cable Tray Installation - Fabrication / Installing support devices / Installing cable tray and covers	<input type="text"/> <input type="text"/> <input type="text"/>	Installing Fiber Optic Cable - Equipment layout / Installing cable / Polishing & terminating / Testing & verifying
<input type="text"/> <input type="text"/> <input type="text"/>	Lighting System Installation - Installing outlet boxes & conductors / Installing fixtures / Installing control devices	<input type="text"/> <input type="text"/> <input type="text"/>	Material handling & Pre-Fabrication - Material-equipment awareness / Fabricating for field installation
<input type="text"/> <input type="text"/> <input type="text"/>	Service & Troubleshooting - Testing, analysis & repair of: motors, transformers, electrical, electronic and magnetic devices, lighting & power circuits, equipment & machinery, control circuits & devices	<input type="text"/> <input type="text"/> <input type="text"/>	Other Specialized Area - (Briefly describe) _____

Total number of hours you worked this month. Of the total number of work hours that were available to you, indicate the number of hours you DID NOT work

Indicate below the reason(s) and number of hours for absenteeism. Show hours for ALL that apply:

Illness, Medical or Injury Personal Scheduled Vacation

Apprentice Signature _____ Date _____ Journeyman Signature _____ Date _____

NOTE: The apprentice must complete the (front) portion of this form. In addition, the apprentice must fill in the Social Security Number on the back of this form. The (back) portion of the form is given to the Journeyman for completion. This sheet must be signed and returned to the JATC by the 10th of the month.

This Form Must Be Completed by the APPRENTICE

