Print Form

PLEASE PRINT (BLACK OR BLUE INK)

THIS FORM IS DUE IN THE TRAINING OFFICE BEFORE THE 5TH OF EACH MONTH.
Delinquent reports will be penalized one day for each day late.

A

NAME and APPRENTICE NUMBER

Employer Name

MONTH and YEAR of report

PROJECTED DATE OF INCREASE

Complete ONLY if Address has changed

ADDRESS

CITY STATE ZIP

TELEPHONE (Including Area Code)

On The Job Training	RES	COM	IND	TOTAL	VOL	TOTAL OJT and VOL	SCHOOL	TOTAL OJT VOL and SCHOOL
Total Hrs THIS Month								
Previous Hours								
Total Hrs To Date								

RES-1		COM-4		COM-8		COM-12		IND-2			
COM-1		COM-5		COM-9		COM-13		IND-3		M-1	
COM-2		COM-6		COM-10		COM-14		IND-4		VDV-1	
COM-3		COM-7		COM-11		IND-1		IND-5			

Monthly Work Report ***MUST*** be signed by the Apprentice and Idaho State Licensed Journeyman.

Apprentice Signature Journeyman Signature & License # Phone Number

Your increase will be withheld if you fail to turn in a complete, Up-To-date Monthly Reporting Form each month - ON TIME.

APPRENTICE INSIDE WIREMAN'S MONTHLY WORK REPORT

(Please use black or blue ink)

WORK CODES

Res-1	Residential
COM-1	1" Conduit & Smaller
COM-2	1 1/4" Conduit & Larger
COM-3	Wire & Cable
COM-4	Light Fixtures
COM-5	Wiring Devices & Finish
COM-6	Special System
COM-7	Layout Power & Lighting
COM-8	Power Panels - LT & PWR
COM-9	Wireways & Gutters
COM-10	Distribution Equipment
COM-11	Transformer
COM-12	Temp Wiring Incl Service
COM-13	Underground Conduit (All)
COM-14	Fire Alarm
IND-1	Bus Duct
IND-2	Motors & Control Equip
IND-3	Explosion-Proof Installation
IND-4	Raceways
IND-5	Wiring Devices & Finish
M-1	Material Handling
VDV-1	Voice Data Video Installations

MONTH _____ YEAR _____

SUN	MON	TUES	WED	THURS	FRI	SAT

TOTAL HOURS *MUST* MATCH
TOTAL ON FRONT SIDE OF MONTHLY WORK REPORT
MUST BE CORRECT TO BE CONSIDERED ON TIME!

TOTAL HOURS This Month	Work Hrs		School		TOTAL	