GLAZIER APPRENTICE MONTHLY WORK REPORT

This form, properly filled out and signed, must be reached, not later then the 10th of each month, to the Finishing Trades Institute of the Ohio Region. Failure to submit this report may result in the dismissal from the Program or may delay your advancement and scheduled pay increase. This will be determined by the FTIOR Board of Trustees.

Instructions: Fill this form out completely, including shift worked, and hours spent on each category during the work day. Any item not covered in categories A-K should be written in the miscellaneous column.

Month Reporting for _____ ***Year***_____

Total Monthly Hours _____ ***Local Union #:*** _____

Current Contractor: _____

Training Center (Please Circle One):

Strongsville Columbus Cincinnati Toledo

Apprentice's Full Name _____ Period of Apprenticeship _____

Address _____

City _____ State _____ Zip _____

( ) _____

Area Code Telephone No.

☐ ✓ If NEW Address ☐ ✓ If NEW Phone No

Apprentice must keep this report neat and clean at all times. Hours worked on each Process should be entered by the apprentice daily. At the end of the month or on the last day of work for each Employer, space below should be filled in and signed by Foreman.

Employer / Contractor _____

Foreman Name _____ Progress _____ Date _____

***Rate Progress by one of the following code symbols:**

Very Good**-VG,** Good**-G,** Fair**-F,** Poor**-P**

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DAY OF MONTH	RTI	A	B	C	D	E	F	G	H	I	J	K	L	MISC
	Classroom Time	Blueprint / Shop Drawing Reading	Sealant Application	Curtainwall / Storefront Layout	Curtainwall / Storefront Installation	Curtainwall / Storefront Glazing	Door Installation / Repair	Panel Fabrication / Installation	Welding	Glass Handling	Break Metal Fabrication/Installation	Miscellaneous Glazing	Laid-Off	Miscellaneous
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TOTAL														
DAY	RTI	A	B	C	D	E	F	G	H	I	J	K	L	MISC