COMMERCIAL 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**

	Classroom Time	Sand & Preparation	Mask & Cover	Brush & Roll	Back Rolling	Spray Painting	Abrasive Blasting	Wallcovering	Staining / Varnishing	Faux Finishing	Electrostatic Spray	Zolatone / Multi-Spec	Laid-Off	Miscellaneous
DAY OF MONTH	**RTI**	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**MISC**
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