

WORK SKILLS REPORT FORM

ENTER DAILY NUMBER OF HOURS WORKED AT EACH SKILL for the Month of _____, 2018

A. General Construction

- A - 1 Demolition / Excavation-Grading-Backfilling-Compaction
- A - 2 Elevation Control - Measurement- Grade Checking-Lay-Out
- A - 3 Underground Utility Lines / Trenching-Shoring / Pipelaying
- A - 4 Concrete Formwork
- A - 5 Concrete Placement/Finishing / Asphalt Paving
- A - 6 Unloading-Stockpiling-Distribution of Materials / Mixing of Materials / Clean-Up

	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 HOURS				
A - 1																																				
A - 2																																				
A - 3																																				
A - 4																																				
A - 5																																				
A - 6																																				

B. Tools & Equipment

- B - 1 Electric-Gasoline-Pneumatic Power Tools
- B - 2 Power Equipment
- B - 3 Scaffolding
- B - 4 Cutting Torch / Welding

	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					
B - 1																																				
B - 2																																				
B - 3																																				
B - 4																																				

C. Safety

- C - 1 Work Zone Safety-Flagging-Traffic Control
- C - 2 Asbestos-Lead-Rad-Hazardous Waste Abatement
- C - 3 Selection-Use of Personnel Protective Equipment / Material Safety Data Sheets / Safety-Health Regulations

	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					
C - 1																																				
C - 2																																				
C - 3																																				

	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 HOURS PER DAY																																				
																															TOTAL HOURS FOR THE MONTH					

APPRENTICE: _____

SSN: _____

ADDRESS: _____

WAGE RATE AT END OF MONTH: \$ _____.

DATE FORM COMPLETED: _____

CELL PHONE: _____

CONTRACTOR: _____

JOB LOCATION AT END OF MONTH: _____

HOME PHONE: _____

Okay to send TEXT to CELL? Yes No

EMAIL address: _____

SIGNATURE: _____

Change Of Address No Work Performed

Did you attend this months Union Meeting Yes No

Business Manager's Signature _____