WORK SKILLS REPORT FORM

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

		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.	**General Construction**																																	
A - 1	Excavation-Grading-Backfilling-Compaction																																	A-1
A - 2	Elevation Control - Measurement- Grade Checking-Lay-Out																																	A-2
A - 3	Underground Utility Lines / Trenching-Shoring / Pipelaying / Tunneling																																	A-3
A - 4	Concrete Formwork																																	A-4
A - 5	Concrete Placement/Finishing / Asphalt Paving																																	A-5
A - 6	Unloading-Stockpiling-Distribution of Materials / Mixing of Materials / Clean-Up																																	A-6
A - 7	Demolition																																	A-7
B.	**Tools & Equipment**	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	Electric-Gasoline-Pneumatic Power Tools																																	B-1
B - 2	Power Equipment																																	B-2
B - 3	Scaffolding																																	B-3
B - 4	Cutting Torch / Welding																																	B-4
C.	**Safety**	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	Work Zone Safety-Flagging-Traffic Control																																	C-1
C - 2	Asbestos-Lead-Rad-Hazardous Waste Abatement																																	C-2
C - 3	Selection-Use of Personnel Protective Equipment / Material Safety Data Sheets / Safety-Health Regulations																																	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	

FIRST & LAST NAME: _____ **SSN:** _____

ADDRESS: _____ **WAGE RATE AT END OF MONTH:** $ _____.____ **DATE FORM COMPLETED:** _____

CITY / STATE / ZIP _____ **CONTRACTOR:** _____ **JOB LOCATION AT END OF MONTH:** _____

CELL PHONE: _____ **Okay to send TEXT to CELL? Yes** ☐ **No** ☐ **EMAIL address:** _____

HOME PHONE: _____ **Change Of Address** ☐ **No Work Performed** ☐

SIGNATURE: _____ **Did you attend this months Union Meeting** **Yes** ☐ **No** ☐

Business Manager's Signature _____