

PLASTERERS APPRENTICE MONTHLY WORK PROGRESS REPORT (LATE AFTER THE 15TH)

INSTRUCTIONS:

Write the total hours from the previous Monthly Progress Report in Column B.
 Enter daily, to the nearest hour, time spent on each Work process; add the hours from Column B plus Daily hours and enter total in Column C. **Keep a copy of each WPR for your next month's entry.**

Washington Plasterers
Apprenticeship and Training
 3000 NE 4th Street, Building E
 Renton, WA 98056
 Phone: 206.762.9286 (Apprenticeship office)
 Fax: 2067620896
 Email: **WPR@trowelout.org**

Name: _____

Address: _____

New Address?

Month: _____ Year: _____

COLUMN A	COLUMN B	Each day record the number of hours you work on each work process.																														COLUMN C						
Breakdown your work hours into the categories listed below.	Hours brought forward from last month.																															Total Hours to Date						
		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					
Site Prep/Covering																																						
Mixing																																						
Fireproof spraying																																						
Moving scaffold/Clean up																																						
Patching																																						
WRBs																																						
Stucco																																						
EIFS-Foaming																																						
Meshing																																						
Exterior Finishes																																						
Interior Finishes																																						
Scaffolding																																						
Acoustical-sprayed applied																																						
Acoustical-trowel applied																																						
other:																																						
TOTAL WORK HOURS																																						
Class Hours Attended																																						
																				EMPLOYER: Please answer the following question:										YES	NO							
Company Name:																				1. Is the apprentice punctual?																		
Job Site Location:																				2. Is he / she willing to work?																		
Foreman Name:																				3. Does he / she show initiative?																		
Foreman Signature:																				4. Is his / her quality of work good?																		
<i>Apprentice: I certify that the above information is correct.</i>																				5. Does he / she follow established safety practices?																		
Signature: _____																				6. If the apprentice is due for re-rating would you approve?																		
																				Comments:																		
Phone: _____																																						
Date: _____																																						
If you need your official work hours, call the Trust office at (877) 367-0528																																						