TOTAL	DATE										S1: APPRENTICE NAME: MONTH REPORTING: HOURLY SCALE:						
\ T	¬ → S									ADDRESS:							
FOTA	TOTAL MONTHLY HOURS										CITY STATE, ZIP:						
									HOME/CELLPHONE:								
	31										Email Address:						
	30										New Contact Information? YES NO						
	29																
	28										<u>53:</u> EMPLOYER INFORMATION:						
	27									COMPANY NAME							
	26									JOB SITE LOCATION/NAME: IMMEDIATE SUPERVISIOR NAME: CONTACT PHONE:							
SES	. 25																
CES	24																
PRO	23																
RK	1 22			S4: EMPLOYER ADDRENTICE PANKING: (WORST-1, REST-5)													
WO) 21										EMPLOYER APPRENTICE RANKING: (WORST=1, BEST=5)						
UR, BY	9 20										Punctual 1 2 3 4 5						
	3 19										Shows Initiative 1 2 3 4 5						
ОН.	7 18										Attitude/Motivation 1 2 3 4 5						
ENTER DAILY HOURS TO THE NEAREST HOUR, BY WORK PROCESSES	17										Follows Directions 1 2 3 4 5						
	16										Quality of Work 1 2 3 4 5						
	1 15										Follows Safety Practices 1 2 3 4 5						
1	3 14										TD4///// DESCRIPTION DESCRIPTION DV 51/0/ 0/55						
STC	2 13										TRAINING RECOMMENDED BY EMPLOYER:						
JUR	1 12																
ΥН	11																
AIL	9 10																
ER D	8										EMPLOYER COMMENTS:						
N.	2 8																
_	9																
	2 (
	4										<u>S5:</u>						
	3 '										IMMEDIATE SUPERVISOR SIGNATURE & DATE						
	2										<u>S6:</u>						
	1										APPRENTICE SIGNATURE & DATE						
보																	
HRS BROUGHT	FORWARD										MAIL, FAX OR EMAIL TO:						
IRS BI	FOR										S. Idaho Laborers JATC						
					tion			tion			580 W. 19th ST E-mail: IDAHOAPPRENTICESHIP@OSILETT.ORG						
	.Υ	uction	Jtility		nstruc		_	mediat	бı	URS	Idaho Falls, ID, 83402						
SKILL	CATEGORY	Building Construction	Heavy/Hwy Utility Construction	Masonry	Demolition & Deconstruction	Pipeline	Tunneling	Environmental Remediation	Landscaping	TOTAL HOURS	REPORT MUST BE SUBMITTED BEFORE THE 10TH OF <u>EVERY</u> MONTH.						

<u>S2:</u>