

Carpenters

Month Year

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(UBC ID)

(Name)

(Address)

(City, State, Zip)

(Phone)

(Email)

(Signature)
(Owner, Supt., Foreman, Payroll)

(Name of Company)

Dates
Week
1

Dates
Week
2

Dates
Week
3

Dates
Week
4

Dates
Week
5

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Weekly Total

This Months Hours:

Previous Total:

Total Program OJT Hours:

A	B	C	D	E	F
SAFETY	USE/CARE	LAYOUT	PRE-	FABRI-	DISAS-
HSKPG	TOOLS		FAB	CATION	SEMBLY
(0.057)	(0.114)	(0.114)	(0.057)	(0.570)	RMNDR
+					
=					

Instructions:

- 1) Enter all hours worked each day per week
- 2) Total all hours in this months total line
- 3) Complete multiplication across grid
- 4) Do the addition totaling hours vertically
- 5) Signed sheet due the 15th