

**Monthly Work Process Form  
Electrical**



**PRINT FULL NAME**

Name: \_\_\_\_\_  
Level \_\_\_\_\_

**Month-Year:** \_\_\_\_\_

Work Processes	Total Hours	Pay Week	Pay Week	Pay Week	Pay Week	Pay Week	Monthly Total
		End Date	End Date	End Date	End Date	End Date	
		1	2	3	4	5	
Preliminary Work	600						
Industrial & Commercial Rough Wiring	2500						
Residential Rough & Finish Work	1500						
Commercial & Industrial Lighting & electrical service Installation	2000						
Troubleshooting & Repairing Wiring & Components	1000						
Motor Controls Installation & troubleshooting	400						
Total Hours Per Week							

*Keep Copy for Your Records. Maintain All Co. Pay Check Stubs In Case Verification is necessary. THE APPRENTICE IS REQUIRED TO SUBMIT THESE SHEETS BY THE 10TH DAY AFTER THE MONTH THE HOURS WERE EARNED AS REQUIRED BY THE DEPT. OF LABOR APPRENTICESHIP STANDARDS.*

Previous Month's Grand Total

Grand Total Apprenticeship Hours

Supervisor's Initials: S \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_  
S = Satisfactory  
U = Unsatisfactory U \_\_\_\_\_ U \_\_\_\_\_ U \_\_\_\_\_ U \_\_\_\_\_ U \_\_\_\_\_

Comments: \_\_\_\_\_  
(continue on back if necessary)

This certifies that the above named apprentice received on-the-job training and work experience in accordance with, but not limited to, the schedule listed above. PLEASE NOTE: OJT experience need not be in the order listed, nor must the hours be continuous. Work process sheet total verified against Company OJT report, if available.

I have reviewed this report **ALL TOTALS ARE COMPLETED** and I hereby verify the above statement of work is correct.

Supervisor's Printed Name: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Apprentice's Signature \_\_\_\_\_ Date: \_\_\_\_\_