

Monthly Work Process Form
Sheet Metal



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	
Use of Hand Tools	350						
Use of Machine Tools & Processes	1000						
Flux, Rivet & Fastening Devices	500						
Measurement & Layout	700						
Benchwork	1000						
Spotwelding & Gaswelding	400						
Installing Duct Work & Equipment	2050						
Safety Process	400						
Gas Systems Appliances	500						
Insulation of Duct Work	100						
General Sheet Fabrication/Installation & Installation of Skylights/Ventilators	1000						
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: _____