

Monthly Work Sheet

Local #: _____ **Month/Year:** _____

Name: _____ **Apprentice Signature:** _____

Employer: _____ **Job Location:** _____

Record ACTUAL HOURS WORKED...NO CHECK MARKS! Incorrect reports will be returned to you

Day of Month	Lay Off	Form Building	Rough Framing	Inside / Outside Finish	Insulation	Ceilings	Metal Stud/ Drywall	Door & Hardware	Miscellaneous (describe duties)	School
1										
2										
3										
4										
5										
6										
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28										
29										
30										
31										

Foreman Signature: _____

E-Board Member Signature: _____

NO WORK SHEETS = NO RAISES (FAXED COPIES WILL NOT BE ACCEPTED)

Mail to: Eastern MA Carpenters Apprenticeship & Training Fund
350 Fordham Road Suite 201, Wilmington, MA 01887