

BRICKLAYER APPRENTICE MONTHLY WORK REPORT

414 S. Grant Springfield MO 65806 Fax: 844-822-9732

Month _____ Year _____ Employer _____

Name _____ Phone _____ Job Site _____

Wage Rate _____ Change of Address _____

NUMBER OF HOURS WORKED ON EACH TASK

	Date	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	Total work hours	
Check #																					
Check #																					
Check #																					
Check #																					
	Total																				

Staple copies of corresponding paycheck stubs to this report.

ENTER TOTAL HOURS WORKED IN EACH CATEGORY

- | | | | | | |
|------------|---------------|-------------------|-----------|--------------|----------------|
| A-Brick | B-Block | C-Pier/Lead | D-Anchors | E-Cleaning | F-Tuckpointing |
| G-Caulking | H-Blue Prints | I-Layout | J-Transit | K-Pavers | L-Flashing |
| M-Stone | N-Saw | O-Safety Training | P-Grout | Q-Refractory | R-Other |