

APPRENTICE MONTHLY WORK REPORT – CEMENT MASON

MONTH OF: _____ YEAR: _____

Name: _____ Employer: _____ Project/s: _____

Project/s cont. _____ Cell: _____

E-MAIL ADDRESS _____

| CEMENT CRAFT FUNCTION | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | MONTHLY TOTAL | HOURS TO DATE | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------|------------------|--|--|--|
| LONG HANDLE TOOLS - BULLFLOAT, BROOM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PREP WORK: SETTING GRADE AND FORMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PULLING STRAIGHT EDGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TROWELING EDGE & FLOOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PATCHING OR CHIPPING CEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDGING OR JOINTING WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RUNNING TROWEL MACHINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAW CUTTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USING HARDENERS OR COLORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STAMPING CONCRETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURING AND OR SEALING CEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUPERVISOR NAME _____

SUPERVISOR SIGNATURE _____

FOREMAN: FILL OUT EVALUATION

| | POOR | FAIR | GOOD | EXCELLENT |
|--|------|------|------|-----------|
| ATTENDANCE | | | | |
| QUALITY | | | | |
| QUANTITY | | | | |
| ATTITUDE (TO JOB AND FELLOW WORKERS ,COOPERATION) | | | | |
| COMMON SENSE ABILITY TO LEARN | | | | |

Your last self-reported hours were for _____

WORKSHEETS MUST BE FILLED OUT AND MAILED IN MONTHLY WHETHER YOU WORKED OR NOT IN ORDER TO RECEIVE YOUR RAISE ON TIME. DELAYS WILL EXTEND YOUR APPRENTICESHIP.

DO NOT FORGET TO ADD THE TOTAL AT THE BOTTOM OF THE SHEET.

THIS WILL ENSURE YOU GET YOUR RAISE WHEN IT'S DUE.

PUT YOUR HOURS WORKED IN THE BOX ACORDING TO DATE AND TYPE OF WORK

| CRAFT FUNC TION | BEG INNING HOURS | M | T | W | T | F | M | T | W | T | F |
|-----------------------|------------------------|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1 | 2 | 5 | 6 | 7 | 8 | 9 |
| BRICK LINE | | | | | | 4 | | | | | |
| BRICK LEVEL | | | | | | | | | | | |
| BLOCK LINE | | | | | 8 | 4 | | | | | |
| BLOCK LEVEL | | | | | | | | | | | |
| STONE | | | | | | | | | | | |

ABOVE IS AN EXAMPLE - DO NOT USE AN "X"
THESE WORKSHEETS ALLOW THE COMMITTEE TO TRACK YOUR PROGRESS THROUGHOUT YOUR APPRENTICESHIP.

THE EVALUATION AT THE BOTTOM OF YOUR WORKSHEET MUST BE FILLED OUT BY YOUR FOREMAN, PRINT HIS/HER NAME AND LIST THEIR CELL #.

IF YOU HAVE, ANY QUESTIONS FEEL FREE TO EMAIL ME tom.ward@bricklayers.org TEXT OR CALL MY CELL 734-552-7066.

FRATERNAL REGARDS,

TOM WARD
APPRENTICE COORDINATOR