

# PCC APPRENTICE MONTHLY WORK REPORT

414 S. Grant Springfield MO 65806 Fax: 816-471-5566

Month \_\_\_\_\_ Year \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job Site \_\_\_\_\_

Wage Rate \_\_\_\_\_ Change of Address \_\_\_\_\_

## NUMBER OF HOURS WORKED ON EACH TASK

	Date	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	Total work hours	
Check #																						
Check #																						
Check #																						
Check #																						
	<b>Total</b>																					

Staple copies of corresponding paycheck stubs to this report.

### ENTER TOTAL HOURS WORKED IN EACH CATEGORY

- |                    |             |                    |              |                  |
|--------------------|-------------|--------------------|--------------|------------------|
| AA-Brick           | BB-Block    | CC-CutOut/Demo     | DD-Anchors   | EE-Cleaning      |
| FF-Tuckpointing    | GG-Caulking | HH-Epoxy           | II-Stone     | JJ-Waterproofing |
| KK-Water Repellant | LL-Flashing | MM-Tooling Sealant | NN- Coatings | OO-Safety        |
| PP-Patching        | QQ-Rigging  | RR-Demo            | SS-Other     |                  |