DAILY PROGRESS RECORD

Submit To: GLAZIERS, ARCHITECHTURAL METAL AND GLASSWORKERS APPRENTICESHIP
2240 YOUNG STREET | HONOLULU, HI 96826
P: (808) 947-6606 | F: (808) 942-0195 | E: ogante@dc50.org

APPENTICE'S NAME: _____ TRADE: _____

MONTH: _____ YEAR: _____ COMPANY: _____

NOTICE: This form must be submitted not later than the ***10th of each following month*** .

	DATE																															
Work Process #	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	TOTAL
1																																0
2																																0
3																																0
4																																0
5																																0
6																																0
7																																0
8																																0
																															TOTAL	0

I certify that the number of hours of "On Job Training" is correctly stated above.

Signature of Apprentice	*Date*	*Printed Name and Signature Employer Representative*	*Date*

Apprentice's Remarks (New address, phone number, etc.) _____

Work Performance Rating by Foreman or Apprentice's Supervisor

Workmanship: _____ Remarks: _____

Speed: _____

Attitude: _____

Grading Key: P=Poor, S=Satisfactory, G=Good, E=Excellent