

# DAILY PROGRESS REPORT

Submit To: District Council 50 Training Office  
2240 Young Street  
Honolulu, HI 96826  
Office: (808) 947-6606 | Fax: (808) 942-0195 | Email: training@dc50.org

APPRENTICE'S NAME: \_\_\_\_\_

TRADE: PAINTER \_\_\_\_\_

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**NOTICE:** This form must be submitted no later than the 10th of the following month.  
No retroactive percentage wage rate increase will be granted.

DATE																																
	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
PREP																																
BRUSH																																
ROLL																																
SPRAY																																
ELEVATED																																
MISC.																																
GRAND TOTAL																																

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

Signature of Apprentice \_\_\_\_\_

Print name of Employer Representative \_\_\_\_\_

Signature of Employer Representative \_\_\_\_\_

Apprentice's Remarks(If you have moved, give a new address): \_\_\_\_\_

\_\_\_\_\_

Work Performance Rating by Foreman or Apprentice's Supervisor	
Workmanship: _____	Remarks: _____
Speed: _____	_____
Attitude: _____	_____
Grading Key: P=Poor, S=Satisfactory, G=Good, E=Excellent	