

DAILY PROGRESS RECORD

Submit To: PAINTING INDUSTRY OF HAWAII
 APPRENTICESHIP & TRAINING OFFICE
 2240 YOUNG STREET
 HONOLULU, HI 96826
 P: (808) 947-6606 | F: (808) 942-0195

APPRENTICE'S NAME: _____ TRADE: _____

MONTH: _____ YEAR: _____ COMPANY: _____

NOTICE: This form must be submitted not later than the 10th of each following month.
 No retroactive percentage wage rate increase will be granted past 30 days from the date reports are posted.

	DATE																															TOTAL
	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	
PREP																																
BRUSH																																
ROLL																																
SPRAY																																
RIGGING																																
MISC.																																
GRAND TOTAL																																

I certify that the number of hours of job training is correctly stated above.

Signature of Apprentice

Signature of Employer Representative

Apprentice's Remarks (If you have moved, give 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	

FOR TRAINING OFFICE USE ONLY

Hrs. for next % _____ Total wk hrs. _____ = _____ Days _____ Anticipated Change Date: _____