

DAILY PROGRESS RECORD

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

APPENTICE'S NAME: _____ TRADE: _____

MONTH: _____ YEAR: _____ COMPANY: _____

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

Work Process #	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	
1																																
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
GRAND TOTAL																																

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

Signature of Apprentice _____ Date _____ Signature of 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