

DAILY PROGRESS RECORD

Submit To: Drywall Tapers, Finishers & Allied Workers LU 1944
 2240 YOUNG STREET
 HONOLULU, HI 96826
 P: (808) 946-6621 | F: (808) 946-6623

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	
Preparation																																
Finishing Application																																
Tool and Machine																																
Spray Texture																																
Exterior Finish																																
Safety Certifications																																
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

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