

Cable Splicer

MONTHLY WORK RECORD

Apprentice _____ Local Union _____

Employer _____ Month Of: _____

WRITE IN HOURS WORKED UNDER DAYS OF MONTH (Indicate Days Absent with 'A')

Total Hours
Brought Forward

	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		
New Construction																																	
1. Risers																																	
2. Switching & Mapping																																	
3. Grounding																																	
4. Testing & Locating																																	
Total																																	
Splicing																																	
1. Kit Splices																																	
2. Tape Splices																																	
3. Lead Splices																																	
4. Terminating																																	
Total																																	
Installation																																	
1. Installing Cable																																	
2. Installing Equipment																																	
3. Removing Cable																																	
4. Removing Equipment																																	
Total																																	
Other																																	
Total																																	
School Hours																																	
Total																																	
Total to Date																																	

Your comments are requested: _____

Classification _____

Rate of Pay _____

Journeyman Rate _____

Agreement No. _____

Supervisor's Signature & Title _____ Date _____

Apprentice Signature _____ Date _____

This Monthly Work Record (white copy) must be mailed to the office of the Albat Program,
P.O. Box 370 Medway, Ohio 45341 NOT LATER THAN 10 DAYS AFTER THE END OF EACH MONTH
(If you are not working, write "Not Working" and mail as usual.)