ALBAT PROGRAM

MONTHLY WORK RECORD

Apprentice _____ **Local Union** _____

Employer _____ **Month of:** _____

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

	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 HOURS BROUGHT FORWARD
DISTRIBUTION																																
1. New Construction																																
2. Maint. & Rebuild																																
3. Street Lights																																
4. URD																																
																															TOTAL	
SUBTRANSMISSION																																
1. With Underbuild																																
2. Without Underbuild																																
																															TOTAL	
TRANSMISSION																																
1. Wood Pole																																
2. Steel Pole																																
3. Steel Tower																																
4. Wire Installation																																
WOOD – STEEL (CIRCLE ONE)																																
																															TOTAL	
SUBSTATIONS																																
																															TOTAL	
SCHOOL HOURS																																
																															TOTAL	
																															TOTAL TO DATE	

Are You Climbing Wood Yes _____ No _____ Steel Yes No

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.)