

# Transmission

## 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		
Foundations																																		
<b>Total</b>																																		
Pole Setting & Framing																																		
<b>Total</b>																																		
Stringing of Conductor																																		
<b>Total</b>																																		
Clipping In																																		
Termination of Conductor																																		
<b>Total</b>																																		
Steel Layout																																		
Pre-Assembly																																		
Erection of Steel																																		
<b>Total</b>																																		
Other																																		
Specify type of other:																																		
<b>Total</b>																																		
<b>Total</b>																																		
School Hours																																		
<b>Total</b>																																		
<b>Total to Date</b>																																		

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.)