

WORK SKILLS REPORT FORM

ENTER DAILY NUMBER OF HOURS WORKED AT EACH SKILL for the Month of _____, 2012

A. General Construction

	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		
A - 1 Demolition / Excavation-Grading-Backfilling-Compaction																																		A-1
A - 2 Elevation Control - Measurement- Grade Checking-Lay-Out																																		A-2
A - 3 Underground Utility Lines / Trenching-Shoring / Pipelaying																																		A-3
A - 4 Concrete Formwork																																		A-4
A - 5 Concrete Placement/Finishing / Asphalt Paving																																		A-5
A - 6 Unloading-Stockpiling-Distribution of Materials / Mixing of Materials / Clean-Up																																		A-6

B. Tools & Equipment

	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		
B - 1 Electric-Gasoline-Pneumatic Power Tools																																		B-1
B - 2 Power Equipment																																		B-2
B - 3 Scaffolding																																		B-3
B - 4 Cutting Torch / Welding																																		B-4

C. Safety

	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		
C - 1 Work Zone Safety-Flagging-Traffic Control																																		C-1
C - 2 Asbestos-Lead-Rad-Hazardous Waste Abatement																																		C-2
C - 3 Selection-Use of Personnel Protective Equipment / Material Safety Data Sheets / Safety-Health Regulations																																		C-3

TOTAL HOURS PER DAY	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 FOR THE MONTH		

APPRENTICE: _____

SSN: _____

ADDRESS: _____

WAGE RATE AT END OF MONTH: \$ _____.

DATE FORM COMPLETED: _____

CELL PHONE: _____

CONTRACTOR: _____

JOB LOCATION AT END OF MONTH: _____

HOME PHONE: _____

Okay to send TEXT to CELL? Yes No

EMAIL address: _____

SIGNATURE: _____

Send More Work Report Forms Change Of Address No Work Performed

For a Printable Version visit www.laborers-highhill.org

ENTER HOURS DAILY - FILL OUT COMPLETELY, DATE, SIGN and MAIL on 1st DAY of FOLLOWING MONTH or FAX to (636) 585-2604