

SPRINKLER FITTER'S LOCAL 709 JOINT APPRENTICE TRAINING CENTER

Apprentice Monthly Hours

Employer: _____

Month: _____ Year: _____

APPRENTICE NAME	HOURS WORKED W/E	HOURS WORKED W/E	HOURS WORKED W/E	HOURS WORKED W/E	HOURS WORKED W/E	TOTAL HOURS	EXPLAIN ALL DAYS OR HOURS NOT WORKED: Job Complete, Ill, Slow, Vacation, Unexcused, Etc.
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This report must be returned by the 6th of every month.