

# Residential Apprenticeship On the Job Training Work Card

For optimum accuracy print in ink. Use capital letters or numbers and avoid contact with the edge of the box.

Union Card  
or SSN Number

Date Report  
Submitted  /  /

Last Name

First Name  M.I.  Student Type

Employer ID  Class ID

Work hours for  
the month of  /  /

Were you on disability for this period?  No  Yes

Enter the number of actual clock hours (including overtime) for each category worked. Leave off insignificant zeros.

**R1. Planning and Initiating Projects**

**R2. Installing Underground Systems**

**R3. Rough-In**

**R4. Trim Out**

**R5. Special Systems**

**R6. Troubleshooting and Repairing Electrical Systems**

**Total Number of Hours Worked**

7080119118

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Apprentice Signature