

APPRENTICE NAME: _____

Apprentice SSN: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone: _____

REMEMBER: WORK HOURS ARE DUE IN ILCJATP OFFICE BY 15TH OF THE MONTH.



Mail Completed Sheets To:
IL Laborers' & Contractors JATP
1730 750N Avenue
Mt. Sterling, IL 62353

Hours Worked Month of: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Year: _____

Numbers represent day of the month / please indicate hours worked each day, in appropriate category of work (Building, Heavy/Highway, or Environmental)

REMEMBER - 1 SHEET FOR EACH CONTRACTOR WORKED FOR DURING MONTH

	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
Building																															
Heavy/Highway																															
Environmental (Asbestos-Lead-Haz Waste)																															

Work Performed: _____

TO BE FILLED OUT BY SUPERVISOR/FOREMAN ON JOBSITE:

Supv. Comments _____

Dependability _____ Yes _____ No

Eligible for Re-hire _____ Yes _____ No

Follows Directions _____ Yes _____ No

Work Performance _____ Excellent _____ Good _____ Fair _____ Poor

FOR ILCJATP OFFICE USE ONLY:

Supervisor Signature: _____ Date: _____

Hours Received: _____ Logged by: _____