

Apprentice's Name \_\_\_\_\_

Employer \_\_\_\_\_

## Hawaii Chapter

1375 Dillingham Blvd. #200 • Honolulu, Hi 96817 (808) 845-4887 fax (808) 847-7876

## **DAILY PROGRESS RECORD**

Electrician

Month \_\_\_\_\_ Year \_\_\_\_

Wage Rate \_\_\_\_\_

cesse		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
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3. Residential & Commercial Finish Work 4. Industrial Lighting & Service Installation 5. Troubleshooting 6. Motor Installation & Control  I certify that the number of									· of	200 100 40	00 H 00 H 0 H	lour: ours	S S	o tr	- Make a copy for yourself - Turn this form in by the end of the next month - TOTAL ALL ROWS  training is correctly stated above.															
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