DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
825 MILILANI STREET
HONOLULU, HAWAII 96813

DAILY PROGRESS RECORD

APPRENTICE'S NAME: _____

TRADE NAME: INSULATORS **MONTH:** APRIL **YEAR:** 2016

Work Progress Number	DATE																														TOTAL
	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	

I certify that the number of hours of job training is correctly stated above

_____ _____
(Signature of Apprentice) (Signature of Employer Representative)

Work performance rating by foreman or apprentice supervisor

Speed: _____
Attitude: _____
Workmanship: _____

GRADING KEY:
P= POOR
S = SATISFACTORY
G = GOOD
E = EXCELLENT

REMARKS: _____

SCHOOL HOURS	DATE																														TOTAL
	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	
ATTENDED																																0.00

Apprentice Remarks: (If you have moved, give new home address) _____