

# BRICKLAYER APPRENTICE MONTHLY WORK REPORT

414 S. Grant Springfield MO 65806 Fax: 844-822-9732

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job Site \_\_\_\_\_

Wage Rate \_\_\_\_\_ Change of Address \_\_\_\_\_

## NUMBER OF HOURS WORKED ON EACH TASK

	Date	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	Total work hours	
Check #																				

Check #																				

Check #																				

Check #																				
	<b>Total</b>																			

Staple copies of corresponding paycheck stubs to this report.

### ENTER TOTAL HOURS WORKED IN EACH CATEGORY

- |            |               |                   |           |           |                 |
|------------|---------------|-------------------|-----------|-----------|-----------------|
| A-Brick    | B-Block       | C-Pier/Lead       | D-Anchors | E-Cleanir | F- Tuckpointing |
| G-Caulking | H-Blue Prints | I-Layout          | J-Transit | K-Pavers  | L-Flashing      |
| M-Stone    | N-Saw         | O-Safety Training | P-Grout   | Q-Other   |                 |