REGISTER DAILY HOURS WORKED	(Month/Year)
	(Month) rear)

INSTRUCTIONS: To receive credit for on-the-job training, the hours recorded in this Work Record Book are required to have been obtained performing a task or a similar task shown in the list provided. Identify the task, then record the hours under the date the task was performed on the line with the task number(s) that apply. Total the daily hours from top to bottom and record them on the bottom line. Total the hours for each TASK line from left to right and record them in the right column. Add the bottom line from left to right and the right column from top to bottom. The total in the bottom right corner should equal the same amount.

DAY	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
FIELD HOURS		i am		180	4.7	-	Eso.	(Asyle	2115	1000		100	District Control	UNITED IN		SILI	Sec. VI								100				200	Name of		TOTAL
Tool Care & Safety										-																		Charles on the last				
Field Staking Procedures	- 14						11,075																_				7			-		
Survey Instrument Operation									-																_				-	_		
Advanced Field Methods										1							_					- 6	-									
Field Calculations																												-		_	_	
Quality Assurance				1			(9)	0						_	_		_	_					_			_					-	
Project Planning					1		-		-																	_		_	-			
FIELD HOURS	94				NO U	100		40		MOOT				-							-	(Text)			Silver.			/				
OFFICE HOURS	20-11	TO SERVICE	1000	No.	1	The same	100		Sec.	No.			1	-	200	0	1000	2000					DOM:		-	-						-
Field Related Office Duties													-									THE OWNER.										
OFFICE HOURS		894																N D I		200			1 3				7			15.00		
DAILY TOTAL																																

To the best of my knowledge, the above information is an accurate representation of hours worked performing the duties outlined in each category. I understand that any misrepresentation of information in this Work Record Book will result in denial of my request for upgrade and may jeopardize my status in the apprenticeship program.

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SIGNATURE OF APPRENTICE	DATE	SIGNATURE OF PARTY CHIEF OR FIELD SUPERVISOR	PRINT NAME	DATE