

NORTC MONTHLY WORK REPORT—PCC

MONTH/YEAR _____ / _____ EMPLOYER _____

APPR. NAME: _____ PHONE _____

LOCAL # _____ TRADE: _____ FOREMAN SIGNATURE: _____

Check Date	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	TOTAL OJT HOURS		
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**MUST STAPLE COPIES OF CORRESPONDING PAYCHECK STUB TO THIS REPORT IN ORDER TO BE ELIGIBLE FOR RAISES.
ENTER TOTAL HOURS WORKED IN EACH CATEGORY.**

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|-------------------|----------------|--------------------|------------|
| A—GRINDING | D—TUCKPOINTING | G—SCAFFOLD RIGGING | J—FLASHING |
| B—CAULKING (ACID) | E—LAYING BRICK | H—REPELLING | K—GROUTING |
| C—CLEANING | F—INSPECTIONS | I—AIR BARRIER | L—OTHER |