MONTHLY REPORT

NAME_____ADDRESS_____MONTH OF REPORT_____YEAR_____

EMPLOYER_____PHONE #_____EMAIL_____

	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
Compaction Equipment-Roller																															
Front end Loader																															
Scraper																															
Motor Grader																															
Dozer																															
Backhoe																															
Track Hoe																															
Skid Steer Loader																															
Forklift																															
Off Road Trucks																															
Miscellaneous Equipment																															
Concrete & Asphalt Paving																															
Crane (truck or track)																															
Tower Crane																															
Hydro Crane																															
Servicing Equipment																															
General Repairs																															
Welding & Cutting																															
General Plant Operations																															
Asphalt Plant Operations																															
Concrete Batch Plant																															
Training Site/Classroom																															
OTHER																															

TOTAL HOURS _____

*If your monthly report is turned in without the total hours listed, it will be returned to you to complete.

*A MONTHLY REPORT MUST BE TURNED IN EVEN IF ***NO*** HOURS WERE WORKED. REPORT 0 (ZERO) HOURS IF NO WORK FOR THE MONTH.

Signature_____

Date_____

EMAIL TO: monthlyreports@oeaplocal101.org (take a photo of this form with your phone and email)

***REPORTS ARE DUE ON THE 1ST OF THE MONTH. REPORTS WILL BE **LATE** AFTER THE 10TH OF THE MONTH (FOLLOWING THE MONTH HOURS WERE ACCRUED)