HENNEPIN COUNTY
WORKFORCE ENTRY PROGRAM MONTHLY REPORTING FORM

Contractor: submit original and one copy monthly

CONTRACTOR	Reporting Period:
ADDRESS	PROJECT NO.:

APPRENTICE	HOURS WORKED PREVIOUSLY	HOURS WORKED THIS PERIOD	TOTAL HOURS TO DATE

Amount of Claim_____HOURS

CONTRACTOR:
The undersigned contractor herby certifies that the listed employees are bona fide apprentices as required by the Workforce Entry Program provisions and that they have worked the hours as reported above.

_____
Contractor Signature/Title Date

Copy to: Ms. Angie Kirkpatrick
Hennepin County
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612 348-2528
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