COTATC MANUFACTURING PLANT ELECTRICIAN

Enter the total hours from the previous Monthly Progress Record in Column "B". Enter daily to the nearest hour time spent on each work process. Add the hours from Column "B" plus the hours from your Daily Record and enter the total in Column "C". Keep a copy of each MPR for you next month's entry.

MAIL TO:
NW Apprenticeship
4727 San Francisco Dr. NE
Salem, OR 97305
nwapprenticeship@hotmail.com
Phone: (541) 279-1543
Fax: 503-371-7668

APPRENTICE INFORMATION PHONE #

Name: Agreement #:

Address:

Wage per hour: Month: Year:

DAILY RECORD

Each day record the number of hours worked on each work process. Keep you records to the closest 1/4 hour.

A List work processes as per standards	B Hours Brought Forward	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	C Total Hours Daily
Installations min 1000 max 2000																																	
Motors & Generators min 500 max 1000																																	
Manual & Auto Controls min 1000 max 2000																																	
Trouble Shooting min 500 max 1000																																	
Power Distribution min 1000 max 2000																																	
An Apprentice may substitute up to 1000 hours of experience of any two or more of the following, provided the hours in any on subject are at least the minimum specified. Substitute experience shall be only for the work experience beyond the 4000- hour minimum category hours. See Standards for specifics.																																	
Welders, welding 100																																	
Electric Furnaces 200																																	
Rectifiers 100																																	
Meters 100																																	
Batteries 100																																	
Signal systems 100																																	
Lighting 300																																	
Total Hours 8000																																	
Class Hours 576																																	

SEND GRADE REPORTS WITH YOUR DECEMBER, APRIL AND JUNE MPR'S. Your rerates are tied to your class completion

Instructor's Comments:_____

Instructor's Signature:_____

NAME OF FIRM/EMPLOYER:_____

EMPLOYER ADDRESS:_____

EMPLOYER PHONE #_____

APPRENTICE I certify that the above information is correct.

_____
Apprentice Signature Date

EMPLOYER: Please answer the following questions:

	Yes	No
Is the apprentice punctual?		
Is he/she willing to learn?		
Does he/she show initiative?		
Is his/her quality of work good?		
Does he/she follow established safety practices?		
Would you recommend him/her for rerating?		

IMMEDIATE SUPERVISOR COMMENTS:

_____

_____

_____

_____

_____
Immediate Supervisor Signature Date

11/5/2018