

## CO T.A.T.C. LIMITED MAINTENANCE ELECTRICIAN

<b>APPRENTICE MONTHLY PROGRESS RECORD (MPR)</b>		MAIL TO: NW Apprenticeship PO Box 1958 Grants Pass, OR 97528 <a href="mailto:nwapprenticeship@gmail.com">nwapprenticeship@gmail.com</a> Phone: (541) 279-1543		Name: _____		Agreement #:																												
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 Daily Record and enter total in column "C". Make a copy of each MPR for your file. <b>MPR's are due to the administrator by the 10th of each month.</b>		<b>DAILY RECORD</b>		Address: _____		Home Phone: _____																												
				Month: _____		Year: _____																												
<b>A</b>	<b>B</b>	<b>DAILY RECORD</b>																												<b>C</b>				
List work processes as per standards	Hours brought forward	Each day list the number of hours worked on each work process. Keep your records to the closest hour.																												Total hours to date				
		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	
A. 500 Hrs - Motors and Generators																																		
B. 1000 Hrs - Controls																																		
C. 1000 Hrs - Trouble Shooting																																		
D. 500 Hrs - Power Distribution																																		
E. 500 Hrs - Lighting																																		
F. 100 Hrs - Electrical Drawings																																		
G. 400 Hrs - Misc. time needed to meet training requirements																																		
<b>TOTAL HOURS:</b>																																		
<b>GRADE REPORTS MUST BE SENT TO ADMINISTRATOR AT THE END OF EACH TERM. GRADES MUST BE MAINTAINED IN YOUR FILE.</b>																																		
Enter class hours attended:																																		
Instructor's Signature: _____																Comments: _____																		
<b>Employer:</b> Please complete the following section.																<b>Apprentice:</b> Please complete the following section.																		
	Yes	No	Supervisor Comments:																Name of firm: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Work Phone: _____ Current Period: _____  I certify that the information on this form is correct. <b>Apprentice Signature:</b> _____  <b>Date:</b> _____															
Is the apprentice punctual?																																		
Is he/she willing to learn?																																		
Is his/her quality of work good?																																		
Does he/she show initiative?																																		
Does he/she follow established safety practices?			Supervisor Signature: _____																															
Would you recommend him/her for re-rating?			Date: _____																															