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

APPRENTICE MONTHLY PROGRESS RECORD (MPR)	MAIL TO:	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 colum "B" plus Daily Record and enter total in column "C". Make a copy of each MPR for your file. **MPR's are due to the administrator by the 10th of each month.**	NW Apprenticeship 3760 Market St. NE PMB 227 Salem, Or 97301 nwapprenticeship@gmail.com Phone: (541) 279-1543 Fax: 503-371-7668	Address: **EMAIL ADDRESS** Home Phone: Month: Year:	

A	B	DAILY RECORD																													C
	Hours brought	Each day list the number of hours worked on each work process. Keep your records to the closest hour.																													Total hours to
List work processes as per standards	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	date
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																																	
TOTAL HOURS:																																	
GRADE REPORTS MUST BE SENT TO ADMINISTRATOR AT THE END OF EACH TERM. GRADES MUST BE MAINTAINED IN YOUR FILE.																																	
Enter class hours attended:																																	

Instructor's Signature:	Comments:

Employer: Please complete the following section.

	Yes	No
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?		
Would you recommend him/her for re-rating?		

Supervisor Comments:

Supervisor Signature:

Date:

Apprentice - Please complete the following section.

Name of firm:

Mailing Address:

City: State: Zip:

Work Phone: Current Period:

I certify that the information on this form is correct.

Apprentice Signature:

Date: