

APPRENTICE MONTHLY PROGRESS REPORT

CENTRAL OREGON SHEET METAL JATC 7013

ENTER THE TOTAL (COLUMN "C") FROM PREVIOUS MPR IN COLUMN "B". ENTER DAILY, TO THE HALF HOUR, TIME SPENT IN EACH WORK PROCESS. ADD THE HOURS FROM "B", PLUS DAILY HOURS AND ENTER IN "C". "C" ARE NOW YOUR "B" HOURS FOR NEXT MONTH

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____
 MONTH/YEAR _____

A	B	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	C			
Fabrication & Assembly 2150 hrs																																				
Install & Erection 3150 hrs																																				
Layout 900 hrs																																				
Miscellaneous 1000 hrs																																				
<u>TOTAL</u> <u>OJT</u> <u>HOURS</u>																																				
School Hours																																				

PLEASE FILL IN LOWER PORTION COMPLETELY AND REMEMBER ALL 3 SIGNATURES

CLASS TAKEN: _____

INSTRUCTORS SIGNATURE: _____

EMPLOYER: _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE: _____

APPRENTICE EMAIL _____

APPRENTICE: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

APPRENTICE SIGNATURE: _____

DATE: _____

EMPLOYER: Please answer the following questions:

1. Is the apprentice punctual?	YES	NO
2. IS he/she willing to learn?	YES	NO
3. Does he/she show initiative?	YES	NO
4. Is his/her quality of work good?	YES	NO
5. Does he/she follow safety practices?	YES	NO
6. Would you recommend him/her for a rerate?	YES	NO

EMPLOYER COMMENTS: _____

EMPLOYER/SUPERVISOR SIGNATURE: _____

DATE: _____

MPR'S ARE DUE THE 1ST OF THE MONTH AND LATE AFTER THE 10TH

MAIL OR FAX or WMAIL ALL MPR'S PRIOR TO THE 10TH
EMAIL: NWApprenticeship@gmail.com Phone: 541-279-1543
MAIL: NW Apprenticeship Services
PO Box 1958
Grants Pass, OR 97528