

Apprenticeship Training Record

B License Technician

Central Oregon Limited Energy Electrical

Mail To: NW Apprenticeship Services, LLC

3760 Market St. NE PMB 227, Salem OR 97301

Phone: (541)279-1543 Fax: (503)371-7668 email: nwapprenticeship@gmail.com

Enter the total hours from the previous Monthly Progress Record in "Previous Hours". Enter daily, to the nearest hour, time spent on each work process; add the hours from "Previous Hours" plus Daily Record and enter in "Total" column. Keep a copy for your next month's entry.

Name/Agreement #: _____ Wages per Hour: _____

Month/Year: _____

On-the-Job Training Categories	Req. Hours	Prev. Hours	Enter number of hours worked each day on each category																																
			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	Total	
Installation	1,750																																		
Troubleshooting & Maint.	250																																		
Occupation Specific	2,000																																		
Total OJT Hours	4,000																																		
Total School Hours	288																																		

Instructor's comments: _____

Instructor's signature: _____

Name of employer: _____

Employer's Address: _____

Employer's Phone: _____

Apprentice Email: _____

Apprentice's Signature: _____

Apprentice's Address: _____

Apprentice's Phone: _____

Date: _____

1. Is the apprentice punctual?
2. Is he willing to learn?
3. Does he show initiative?
4. Is his quality of work good?
5. Does he follow established safety procedures?
6. Would you recommend him for retraining?

Y	N

Employer comments: _____

Employer signature: _____

Date: _____