

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

APPRENTICE MONTHLY PROGRESS RECORD (MPR)		MAIL TO: NW Apprenticeship 4727 San Francisco Dr. NE Salem, Or 97305 nwapprenticeship@gmail.com Phone: (541) 279-1543 Fax: 503-371-7668		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. MPR's are due to the administrator by the 10th of each month.		Address: _____		Home Phone: _____		Month: _____																										
		Year: _____																														
A	B	DAILY RECORD																								C						
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
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.												Apprentice: Please complete the following section.																				
	Yes	No	Supervisor Comments: Supervisor Signature: Date:												Name of firm: _____																	
Is the apprentice punctual?															Mailing Address: _____																	
Is he/she willing to learn?															City: _____ State: _____ Zip: _____																	
Is his/her quality of work good?															Work Phone: _____ Current Period: _____																	
Does he/she show initiative?															I certify that the information on this form is correct.																	
Does he/she follow established safety practices?			Apprentice Signature: Date:																													
Would you recommend him/her for re-rating?																																