

# Area III Sheet Metal Apprentice Monthly Progress Report

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 the hours from your Daily Record and enter the total in Column "C". Keep a copy of each MPR for your next month's entry.

MAIL TO:  
nwapprenticeship@gmail.com  
NW Apprenticeship  
3760 Market St NE PMB 227  
Salem, Or 97301  
Phone: (541) 279-1543  
Fax: 503-371-7668

Name: \_\_\_\_\_ Agreement # \_\_\_\_\_

Address: \_\_\_\_\_

Wage per hour: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

A List work processes as per standards	B Hours Brought Forward	DAILY RECORD																														C Total Hours Daily	
		Each day record the number of hours worked on each work process. Keep your records to the closest hour.																															
		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	
Fabrication and Assembly  2,200 hours																																	
Installation and/or Erection including Architectural 3,800 hours																																	
Layout  1,000 hours																																	
Misc. (welding, Brazing, Soldering, Job Management and Customer Relations) 1,000 hours																																	
<b>Total Hours</b>																																	
<b>Class Hours</b>																																	

Instructor's Comments: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

NAME OF FIRM/EMPLOYER: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

APPRENTICE PHONE NUMBER: \_\_\_\_\_

APPRENTICE EMAIL ADDRESS: \_\_\_\_\_

APPRENTICE: \_\_\_\_\_ I certify that the above information is correct.

**EMPLOYER: Please answer the following questions:**

- |              |                   |
|--------------|-------------------|
| 1. Excellent | 4. Fair           |
| 2. Good      | 5. Unsatisfactory |
| 3. Average   | X. Does not apply |

**RECOMMEND FOR RERATING:**

- Yes  Without reservation
- No  With reservation

interest toward work	
compatibility	
attitude (general)	
adaptability to (job) (school)	
quantity of work	
quality of work	
safety practices	

IMMEDIATE SUPERVISOR COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Apprentice Signature

Date

Immediate Supervisor Signature

Date