SECTION 1-6 REQUIRED

APPRENTICE MONTHLY PROGRESS REPORT

S2:

SKILL CATEGORY	HRS BROUGHT FORWARD	ENTER DAILY HOURS TO THE NEAREST HOUR, BY WORK PROCESSES 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 MONTHLY HOURS	TOTAL HOURS TO DATE
Building Construction																																		
Heavy/Hwy Utility Construction																																		
Masonry																																		
Demolition & Deconstruction																																		
Pipeline																																		
Tunneling																																		
Environmental Remediation																																		
Landscaping																																		
TOTAL HOURS																																		

S1: **APPRENTICE NAME:** _____

MONTH REPORTING: _____ *YEAR:* _____

HOURLY SCALE: _____

ADDRESS: _____

CITY STATE, ZIP: _____

HOME/CELLPHONE: _____

Email Address: _____

New Contact Information? YES NO

S3: EMPLOYER INFORMATION:

COMPANY NAME _____

JOB SITE LOCATION/NAME: _____

IMMEDIATE SUPERVISIOR NAME: _____

CONTACT PHONE: _____

S4:

EMPLOYER APPRENTICE RANKING: (WORST=1, BEST=5)					
Punctual	*1*	*2*	*3*	*4*	*5*
Shows Initiative	*1*	*2*	*3*	*4*	*5*
Attitude/Motivation	*1*	*2*	*3*	*4*	*5*
Follows Directions	*1*	*2*	*3*	*4*	*5*
Quality of Work	*1*	*2*	*3*	*4*	*5*
Follows Safety Practices	*1*	*2*	*3*	*4*	*5*

TRAINING RECOMMENDED BY EMPLOYER: _____

EMPLOYER COMMENTS: _____

S5: _____

IMMEDIATE SUPERVISOR SIGNATURE & DATE

S6: _____

APPRENTICE SIGNATURE & DATE

MAIL, FAX OR EMAIL TO:

Oregon Laborers JATC
17230 NE Sacramento St
Portland, OR 97230

Fax: 541-745-7827
E-mail: APPRENTICESHIP@OSILETT.ORG

REPORT MUST BE SUBMITTED BEFORE THE 10TH OF *EVERY* MONTH.