| APPRENTICE NAME: | | | |
|--------------------------|-----|-------|--|
| MONTH REPORTING: | | YEAR: | |
| HOURLY SCALE: | | | |
| ADDRESS: | | | |
| CITY STATE, ZIP: | | | |
| HOME/CELLPHONE: | | | |
| Email Address: | | | |
| New Contact Information? | YES | NO | |

E-mail to: APPRENTICESHIP@OSILETT.ORG

| EMPLOYER INFORMATION: | |
|----------------------------|--|
| COMPANY NAME: | |
| JOB SITE LOCATION/NAME: | |
| IMMEDIATE SUPERVISOR NAME: | |
| SUPERVISOR EMAIL: | |
| CONTACT PHONE: | |
| Journey Worker Name: | |
| | |

| 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: | | |
| | | |
| | | |
| | | |
| | | |
| IMMEDIATE SUPERVISOR SIGNATURE & DATE | | |
| ADDDENTICE SIGNATURE & DATE | | |



REPORT MUST BE SUBMITTED BY THE 5TH OF EVERY MONTH.

| CA | SKILL CATEGORY | | BUILDING CONSTRUCTION | HEAVY HWY/UTILITY | MASONRY | DEMOLITION/ DECONST. | PIPELINE | TUNNELING | ENVIRON. REMEDIATION | LANDSCAPING | TOTAL HOURS |
|--------------------------|------------------------------------------------|-----|--------------------------|----------------------|---------|-------------------------|----------|-----------|-------------------------|-------------|-------------|
| | HRS BROUGHT FORWARD | | | | | | : | | • | | i |
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| | | 7 | | | | | | | | | |
| | | 8 | | | | | | | | | |
| |)RY | 9 | | | | | | | | | |
| | TEGC | 10 | | | | | | | | | |
| | LLCA | 11 | | | | | | | | | |
| s | Y SKI | 12 | | | | | | | | | |
| MONTHLY PROGRESS REPORTS | RS TO THE NEAREST HALF HOUR, BY SKILL CATEGORY | 13 | | | | | | | | | |
| REP | F HO | 14 | | | | | | | | | |
| ESS | . HAL | 15 | | | | _ | | | | | |
| 90 | REST | 16 | | | | | | | | | |
| Y PR | E NEA | 17 | | | | | | | | | |
| 目 | H | 18 | | | | | | | | | |
| Į | IRS T | 19 | | | | | | | | | |
| | HOU | 20 | | | | | | | | | |
| | ENTER DAILY HOU | 21 | | | | | | | | | |
| | TER (| 22 | | | | | | | | | |
| | EN | 23 | | | | | | | | | |
| | | 24 | | | | | | | | | |
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| | | 26 | | | | | | | | | |
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| | | 30 | | | | | | | | | |
| | TOTAL | | , | | | | | <u> </u> | | | |
| M | ONTE | łLY | | | | | i · | | | | |
| тот | HOURS TOTAL HOURS TO DATE | | | | | | | | : | | , |