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|--------------------------|-------|-------------|
| 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

 APPRENTICE SIGNATURE & DATE



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

