APPRENTICE MONTHLY PROGRESS REPORT

S1: **APPRENTICE NAME:** _____

MONTH REPORTING: _____ YEAR: _____

HOURLY SCALE: _____

ADDRESS: _____

CITY STATE, ZIP: _____

HOME/CELLPHONE: _____

Email Address: _____

New Contact Information? YES NO

S2:

SKILL CATEGORY	HRS BROUGHT FORWARD	ENTER DAILY HOURS TO THE NEAREST HALF HOUR, BY WORK PROCESSES																															TOTAL MONTHLY HOURS	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	31		
Building Construction																																		
Heavy/Hwy Utility Construction																																		
Masonry																																		
Demolition & Deconstruction																																		
Pipeline																																		
Tunneling																																		
Environmental Remediation																																		
Landscaping																																		
TOTAL HOURS																																		

S3: **EMPLOYER INFORMATION:**

COMPANY NAME _____

JOB SITE LOCATION/NAME: _____

SUPERVISOR NAME: _____

SUPERVISOR EMAIL: _____

SUPERVISOR 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
17242 NE Sacramento St
Oregon Laborers JATC

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

LIUNA Training & Apprenticeship
Oregon & Southern Idaho

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