

**METRO LIMITED MAINTENANCE ELECTRICIAN JATC**

**MA 1040**

**APPRENTICE MONTHLY WORK PROGRESS REPORT**

This report is basic evidence (ART. 16 - Standards) of your participation in the apprenticeship program. Careful completion each month is essential (ART 11) to maintain registration and progress from each step to the next. All parts of this report must be complete. Total all O.J.T. and related training hours and obtain required signatures

PCC Trades & Industry Department  
 Cascade Campus, TEB 103  
 705 N. Killingsworth, Portland OR 97217

\_\_\_\_\_  
**MONTH YEAR**  
 (File by the 10th of next month)

NAME:  
 ADDRESS:

Instructions: Col 'A' work processes as per standards: Col. 'B' - hours brought forward: Col. 'C' total hours to date.

"A"	"B"	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	"C"	
MOTORS AND GENERATORS 500 Hours																																		
CONTROLS 1000 Hours																																		
TROUBLE-SHOOTING 1000 Hours																																		
POWER DISTRIBUTION 500 Hours																																		
LIGHTING 500 Hours																																		
Electrical Oriented Drawings 100 Hours																																		
MISC. RELATED EXPERIENCE 400 Hours																																		
TOTAL HOURS (4000)																																		
ENTER CLASS HRS >>>																																		

**EMPLOYER:**  
 \_\_\_\_\_

**Supervisor:** Please circle Yes (Y) or No (N) to the following:

Is the apprentice punctual?	Y	N
Is the apprentice willing to learn?	Y	N
Does the apprentice show initiative?	Y	N
Is the apprentice's quality of work good?	Y	N
Does the apprentice follow standard safety practices?	Y	N
Is the apprentice recommended for re-rate?	Y	N

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Comment: \_\_\_\_\_

**Core Class Taken/Course Title:**  
 \_\_\_\_\_

**Instructor comments:** \_\_\_\_\_

\_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

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**Elective course title:** \_\_\_\_\_

**Reminder:** Attach documentation and enter hours      **Elective Course Hours:** \_\_\_\_\_

**Instructor comment:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

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**Apprentice Signature:** \_\_\_\_\_

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**Date:** \_\_\_\_\_      **Agreement Number:** \_\_\_\_\_

(Transcripts must be filed prior to re-rates)

Please notify Trades & Industry Department @ PCC of any changes or errors on this form. **Contact Info: Voice: 503-978-5651 Fax: 503-978-5656**