

METRO MANUFACTURING PLANT ELECTRICAL JATC

MA 1018

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:

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"
INST/CIRCUITS 2000 HRS																																	
MOTOR-GENS 1000 HRS																																	
CONTROLS 2000 HRS																																	
TRBLESHTNG 1000 HRS																																	
POWER DIST 2000 HRS																																	
Substitutes per stand-ards up to 1000 hours																																	
WLDRS-WELD'G 100 Hrs																																	
ELEC FURNACE 200 Hrs																																	
RECTIFIERS 100 HRS																																	
METERS 100 HRS																																	
BATTERIES 100 HRS																																	
SIGNAL SYS 100 HRS																																	
LIGHTING 300 HRS																																	
TOTAL HRS >>>>>																																	
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 rerate?	Y	N

Print Name _____
 Signature: _____
 Comment: _____

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

Core Class: (circle year and term)
 (1st yr - 1 2 3) (2nd yr - 1 2 3) (3rd yr - 1 2 3) (4th yr - 1 2 3)

Instructor comments: _____

Instructor Signature: _____

Elective course title: _____

Reminder: Elective is required and must be taken each year; attach documentation

Instructor comment: _____

Instructor Signature: _____

Apprentice Signature: _____

Date: _____ **Agreement Number:** _____
 (Transcripts must be filed prior to re-rates)