

APPRENTICE'S HOURS

NAME	MONTH												DUE 15 TH OF THE FOLLOWING MONTH																					
	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	Total		
Residential																																		
Conduit																																		
E.M.T.																																		
Non-Metallic																																		
Floor Duct																																		
Service																																		
Panels & Sw-Bds																																		
Explosion Proof																																		
Buss Bar																																		
Trans. Vault																																		
Grounding																																		
Pulling Wires																																		
Wiring Devices																																		
Motors																																		
Controls																																		
Lighting Fixtures																																		
Electric Heat																																		
Maintenance																																		
Others																																		

Signature of Supervisor: _____ Employer: _____ Total Hours: _____

APPRENTICE NAME: _____

MONTHLY PROGRESS REPORT FOR _____,

(G=GOOD, F= FAIR, N=NEEDS IMPROVEMENT)

DO THEY HAVE AN ACTIVE INTEREST IN THE TRADE? ()

ATTITUDE TOWARDS SAFETY? ()

DO THEY SHOW AN ABILITY TO LEARN? ()

DO THEY ACCEPT RESPONSIBILITY? ()

WORKMANSHIP WORK HABITS? ()

ACCEPTING OF SUPERVISION? ()

ABILITY TO FOLLOW INTRUCTIONS? ()

DESCRIBE ATTITUDE TOWARDS JOB? ()

USE OF TOOLS AND EQUIPMENT? ()

APPRENTICE TO COMPLETE AND SIGN

DO YOU FEEL YOU GET PROPER SUPERVISION?

DO YOU FEEL YOU GET PROPER INSTRUCTION?

ARE YOU RECEIVING A VARIETY OF TRAINING?

WOULD YOU LIKE TO CONTINUE IN THIS TRADE?

ADDITIONAL COMMENTS: _____

NAME: _____ SIGNATURE _____

NAME _____ SIGNATURE _____
JOURNEYMAN