

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 Apprenticeship & Trades Department
Swan Island Trades Center STC 108
6400 N. Cutter Circle, Portland, OR 97217

MONTH
(File by the 1st of next month)

YEAR

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 re-rate?	Y	N

Print Name _____
Signature: _____
Comment: _____

Class Name/Course Title: _____

Instructor comments: _____

Instructor Signature: _____

Class Name/Course title: _____

Instructor comment: _____

Instructor Signature: _____

Apprentice Signature: _____

Date: _____ **Agreement Number:** _____

Please notify Apprenticeship & Trades Dept. @ PCC of any changes or errors.
Contact: Voice: 971-722-5651 Fax:971-722-5656 MPR Email: apprenticeship@pcc.edu

(Transcripts must be filed prior to re-rates)
All MPR's are due on the 1st of each month ;late after the 10th.