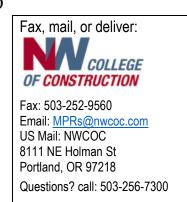
APPRENTICE MONTHLY PROGRESS RECORD

Enter the total hours to date "D" from the prior month in Column "B" Each day record hours spent on each work process Add the Daily Record hours and total in Column "C" Add "B" plus "C" enter into Column "D" Total Daily Hours and Column "C" & "D" on bottom of chart Have supervisor sign & complete employer portion on bottom Sign, date and make a COPY for your records Fax, mail or deliver to NWCOC

> DUE BY THE 10TH OF EACH MONTH **Keep a copy of each MPR for your records**



OREGON-COLUMBIA ROOFER JATC

| MONTH | YEAR |
|----------|------|
| Name: | |
| Phone #: | |
| Address: | |

Call or email to report a new address or phone number

| | | | | | | | | | | | | | | | | | | | | | | | | - | | | | | | | | | | |
|---|------------------------------|---|---|---|---|---|---|---|---|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------------|-----------------------|----|----|----|-------|---------|
| "A" Work processes as per standards | "B" Prior month | | | | | | | | | KEEP TRACK OF TIME DAILY RECORD TO THE CLOSEST 1/2 HOUR | | | | | | | | | | | | | | | | | | "C" Total hours this | "D" Total hours | | | | | |
| | hours | 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 | month | to date |
| General (540) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Built-up roofing, waterproofing & damp-proofing, composition, tar, asphalt, & general work (1300) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Steep roofing, slate, tile, shingles, & Substitute materials (360) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single-ply material (900) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reroofing (360) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (180) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety (360) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Name of company: | Supervisor please complete <u>required</u> EMPLOYER RATING SECTION | | | | | | | |
|---|--|--------------------------------|--|--|--|--|--|--|
| Location or work site: | 1 = Good 3 = Below Average 2 = Average 4 =Unsatisfactory | Immediate supervisor comments: | | | | | | |
| Supervisor's name: | Interest toward work | | | | | | | |
| Supervisor's phone #: | Compatibility Attitude (general) | | | | | | | |
| Supervisor's signature: Verify information above and complete required employer rating section before signing $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ | Adaptability Quantity of work Quality of work | | | | | | | |
| Apprentice's signature: | Safety Practices | | | | | | | |