

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 NWCC

DUE BY THE 1st OF EACH MONTH

****Keep a copy of each MPR for your records****

Protective Signaling JATC MA#1100 - Limited Energy Technician – Class A

Email, Fax, or deliver to:
 Fax: **503-252-9560**
 Email: mprs@nwcoc.com



8111 NE Holman St
 Portland, OR 97218
 Questions? Call: **503-256-7300**

MONTH _____ YEAR _____

Name: _____

Phone #: _____

Address: _____

Please call or write the apprenticeship office to report change of address or phone number.

| "A" Work processes as per standards | "B" Hours from prior month | Keep track of time daily. Record to the closest 1/2 hour. | | | | | | | | | | | | | | | | | | | | | | | | | | | | "C" Total hours this month | "D" Total hours to date | | | | | | |
|--|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------------|----------------------------|----|----|----|--|--|--|
| | | 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 | | | |
| Limited Energy Installations – 3,000 hours minimum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stock Room 450 hours maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Limited Energy Applications – 3,000 hours minimum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protective Signaling 750 hours minimum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communications/ Specialized Controls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of company: _____

Location or work site: _____

Supervisor's name: _____

Supervisor's phone #: _____

Supervisor's signature: _____

Please verify the information above and complete required employer rating section before signing⇒

Apprentice's signature: _____

I certify that the above information is correct

Supervisor please complete required EMPLOYER RATING SECTION

1 = Good 3 = Below Average
 2 = Average 4 = Unsatisfactory

Interest toward work _____
 Compatibility _____
 Attitude (general) _____
 Adaptability _____
 Quantity of work _____
 Quality of work _____
 Safety Practices _____

Immediate supervisor comments:

Would you recommend for rerate? _____