



OSILETT Apprentice Monthly Progress Report

TO RECEIVE CREDIT FOR ON-THE-JOB TRAINING HOURS:

This form must be completed on both sides, signed by the apprentice and employer and submitted to Oregon Laborers JATC by the 10th day of the following month

MAIL, FAX OR EMAIL TO: _____

Oregon Laborers JATC Phone: (541) 745-5513
 17230 NE Sacramento St Fax: (541) 745-7827
 Portland, OR 97230
 email: apprenticeship@osilaborerstraining.org

Section 1: PLEASE PRINT CLEARLY

MONTH REPORTING: _____ YEAR: _____

Apprentice Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

New Contact Information? yes _____ no _____ Local Union: _____

Section 2:	SKILL CATEGORY	HOURS BROUGHT FORWARD	ENTER DAILY HOURS TO THE NEAREST HOUR, BY WORK PROCESSES																													TOTAL MONTHLY HOURS	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			
Building Construction																																						
Heavy/Highway Utility Const.																																						
Masonry																																						
Demolition & Deconstruction																																						
Pipeline																																						
Tunneling																																						
Environmental Remediation																																						
Landscaping																																						
TOTAL HOURS																																						

Apprentice Signature: _____ Date: _____

Employer Monthly Progress Report for OSILETT Apprentice Performance



PLEASE PRINT CLEARLY

Section 3:

EMPLOYER INFORMATION:

Company Name: _____

Job Site Location/Name: _____

Immediate Supervisor Name: _____

Contact Phone #: _____

Apprentice Name: _____

Month Reporting: _____

Hourly Scale: _____

Year: _____

Section 4:

TRAINING RECOMMENDED BY EMPLOYER:

EMPLOYER COMMENTS:

EMPLOYER APPRENTICE RANKING: (WORST = 1, BEST = 5)					
Punctual	1	2	3	4	5
Shows Initiative	1	2	3	4	5
Attitude / Motivation	1	2	3	4	5
Follows Directions	1	2	3	4	5
Quality of Work	1	2	3	4	5
Follows Safety Practices	1	2	3	4	5

Immediate Supervisor Signature: _____

Position: _____

Date: _____