



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 Apprentices Performance

Section 3:

PLEASE PRINT CLEARLY

EMPLOYER INFORMATION:

Company Name: _____ Apprentices Name: _____

Job Site Location/Name: _____ Month Reporting: _____ Year: _____

Immediate Supervisor Name: _____ Hourly Scale: _____

Contact Phone #: _____

Section 4:

TRAINING RECOMMENDED BY EMPLOYER:

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

EMPLOYER COMMENTS:

Immediate Supervisor Signature: _____ Position: _____ Date: _____