

# ON-THE-JOB TRAINING REPORT

REGION # \_\_\_\_\_ NAME \_\_\_\_\_ REPORT MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

☐ CHECK IF LAID OFF WHOLE MONTH Foreman Cell # \_\_\_\_\_ Date Report Filed \_\_\_\_\_

Show in proper space below the number of hours worked on **each process**. Use **Work Experience Schedule** for better description of each work process.

DATE		From	To
Company	Job	Supervisor Signature	Print Supervisor name
Company	Job	Supervisor Signature	Print Supervisor Name
Pay Stub Week Ending	Hours Worked	Wage Rate	
1			
2			
3			
4			
5			
TOTAL			

**INSTRUCTIONS:** Completed monthly report for **EACH MONTH** must be mailed by the **10th of the following month** even if you are **laid off**. **Original report must be sent to the office.** Copy of pay stubs showing proof of hours worked must be attached. Original stubs will not be returned. Please print and total columns. If report is not completed properly, it will be returned and hours will not be posted until all corrections are made. **FOLD NEATLY AND ATTACH THE STUBS TO THE BACK OF THE REPORT.** Report/check stubs can be emailed to [lu354op@uanet.org](mailto:lu354op@uanet.org).

TO:

FILLED OUT BY FOREMAN

Please complete this on the job performance record for Apprentice: \_\_\_\_\_

Contractor and Job Site: \_\_\_\_\_

Please check each qualification sheet.

### APPRENTICE PERFORMANCE RATING

PERFORMANCE FACTORS QUALIFICATIONS SHOWN WHILE WORKING ON JOB	INTEREST	INITIATIVE	MENTAL ABILITY	MECHANICAL ABILITY	PHYSICAL ABILITY	KNOWLEDGE OF WORK	CONDUCT ON JOB	OVERALL PROGRESS	QUALITY OF WORK PERFORMED	TIME CONSUMED PER TASK	QUALITY OF WORK PERFORMED	RETAINS PREVIOUS INSTRUCTIONS	FOLLOWS INSTRUCTIONS	SAFETY HABITS	TOWARDS SUPERVISION	TOWARDS THE JOB	TOWARDS FELLOW WORKERS
	Does not meet Job Requirements (explain on back of this page)																
	Meets Job Requirements																
	Exceeds Job Requirements																
	Specific areas of improvement needed																

### RATE APPRENTICE'S OVERALL PERFORMANCE IN COMPARISON OF DUTIES AND RESPONSIBILITIES

OUT STANDING 100 - 90%		VERY GOOD 89 - 80%		GOOD 79 - 70%	
IMPROVEMENT NEEDED 69 - 60%		UNSATISFACTORY BELOW 60%		OVERALL RATING	

### ABSENCES

NUMBER OF LATE		NUMBER OF DAYS.....	
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Would you recommend this apprentice?      yes      no      (Please Circle)

Is this apprentice eligible for re-hire?      yes      no      (Please Circle)

EVALUATOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_