

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.

Pay Stub Week Ending	DATE	From	To	Supervisor Signature	Print Supervisor name	Company	Job	Supervisor Signature	Print Supervisor Name	Hours Worked	Wage Rate	Care and use of tools	Rigging and signaling	Builders level and transit	Oxy-acetylene cutting and welding	Shielded metal arc welding	Gas systems	Soldering and Brazing	Domestic water systems	Drainage	Plumbing fixtures installation	Basic Electricity	Refrigeration systems	Air Conditioning	Pneumatic Controls	Industrial process piping	Low and high pressure boilers.	Pipe supports and hangers	Other:	"Other" not to be used for work related process listed. Use for work experience schedule for better description of work process				
	Company	Job	Supervisor Signature																												Print Supervisor name	Company	Job	Supervisor Signature
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.

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** _____