

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 | Company | Job | Supervisor Signature | Print Supervisor name | Company | Job | Supervisor Signature | Print Supervisor name | 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 intallation | 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 | From | To | | | | | | |
|--------------|---------|-----|----------------------|-----------------------|---------|-----|----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------------------|----------------------------|-------------|-----------------------|------------------------|----------|-------------------------------|-------------------|-----------------------|------------------|--------------------|---------------------------|-------------------------------|---------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|-----------|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 jscalise@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 | 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..... | |
|----------------|--|---------------------|--|

Would you recommend this apprentice? yes no (Please Circle)

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

EVALUATOR'S SIGNATURE _____ Date _____