APPRENTICE MONTHLY PROGRESS RECORD

Enter the total hours to date "D" from the prior month in Column "B" Each day record hours spent on each work process
Add the Daily Record hours and total in Column "C"
Add "B" plus "C" enter into Column "D"
Total Daily Hours and Column "C" & "D" on bottom of chart
Have supervisor sign & complete employer portion on bottom
Sign, date and make a COPY for your records
Fax, mail or deliver to AGC

DUE BY THE 10^{TH} OF EACH MONTH **Keep a copy of each MPR for your records**

Fax, mail, or deliver to)
Fax: 503-252-9560	

NORTHWEST COLLEGE OF CONSTRUCTION 8111 NE Holman St Portland, OR 97218

Questions? Call: 503-256-7300

Oregon	-Columbia Ti	ile Trad	es JATC (F	Finishers)
N	MONTH		YEAR	
Name:				
Phone #	: ———			
Address	:			
	Please call with	new ada	lress or pho	ne number

"A" Work processes	"B" prior month						Keep track of time daily. Record to the closest ½ hour.									r.					"C" Total hrs this	"D" Total Hrs to												
as per standards	hrs	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	month	date
Grout & surface (600)																																		
Methods of cutting tile & polishing stone (300)																																		
Prep floors, walls, counters for mortar inst. crack mem., waterproof mem & cement board inst. (500)																																		
Mix mortars, expoxies, resins & adhesives (250)																																		
Handle & move materials from stockpile to inst. (200)																																		
Clean, treat, caulk & seal surfaces-all techniques (100)																																		
Use/maintain tools & equip. (50)																																		
Total Hours																																		

Name of company:	Supervisor please complete <u>required</u> EMPLOYER RATING SECTION
Location or work site:	1 = Good 3 = Below Average 2 = Average 4 = Unsatisfactory
Supervisor's name:	
Supervisor's phone #:	Interest toward work
Supervisor's signature:	Attitude (general)
Please verify the information above and complete <u>required</u> employer rating section before signing⇒	Adaptability
Apprentice's signature:	Quality of workSafety Practices
certify that the above information is correct	

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O		rades JATC (Finishers) YEAR
Name:		
Phone #:		
Address:		
-	Please call with new	v address or phone number

Name of company:
Location or work site:
Supervisor's name:
Supervisor's phone #:
Supervisor's signature: Please verify the information above and complete <u>required</u> employer rating section before signing
Apprentice's signature: I certify that the above information is correct

Supervisor please complete <u>rec</u>	guired EMPLOYER RATING SECTION
1 = Good 3 = Below Average 2 = Average 4= Unsatisfactory	Immediate supervisor comments:
Interest toward work	