

APPRENTICE MONTHLY PROGRESS RECORD

Occupation: Combined Renewable Energy Technician

Enter the total hours from the previous Monthly Progress Record in Column B. Enter daily, to the nearest hour, time spent on each work process; add the hours from Column B plus Daily Record and enter total in Column C.

Keep a copy of each MPR for your next month entry

FAX OR MAIL TO:
 OSEIA
 Attn: JATC Program
 Administrator
 833 SE Main St. MB 206
 Portland, OR 97214
 PH: 503-233-4009
FAX 503-236-8146

Name: _____ Agreement No. _____
 Address: _____
 Phone: _____ email: _____
 Month: _____ Year: _____

Each day list the number of hours worked on each work process. Keep your records to the nearest hour.

A	B																															C					
List work processes As per standards	Hours brought Forward	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	Total hours to date				
A. General Items (500 hours)																																					
B. Plumbing of Solar Thermal Sys (500 hours)																																					
C. Installation of balance of sys equip (500 hours)																																					
D. Roof mounting & equip installation (500 hours)																																					
E. Photovoltaic Systems (1000 hours)																																					
F. Other renewable energy systems (500 hours)																																					
G. Balance of systems (1500 hours)																																					
H. Other (see standards) (1000 hours)																																					
TOTAL HOURS																																					
Enter class hours attended																																					

CLASSROOM INSTRUCTOR (when applicable)

Comments: _____

 Signature: _____ Date: _____

EMPLOYER / TRAINING AGENT			Yes	No
1. Is the apprentice punctual?				
2. Is he/she willing to learn?				
3. Does he/she show initiative?				
4. Is his/her quality of work good?				
5. Does he/she follow established safety procedures?				
6. Would you recommend him/her for rerating?				

APPRENTICE

Name of Firm/Employer: _____
 Location or Worksite: _____
 Work Phone Number: _____

I certify that the above information is correct.

Signed: _____ Date: _____

Employer's Comments: _____

Employer's Signature: _____