

APPRENTICE MONTHLY PROGRESS RECORD

OREGON-COLUMBIA CARPENTERS JATC

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 NWCC

DUE BY THE 1st OF EACH MONTH

Keep a copy of each MPR for your records

Email, Fax, or deliver to:
 Fax: **503-252-9560**
 Email: mprs@nwcoc.com



MONTH _____ YEAR _____

Name: _____

Phone #: _____

Address: _____

Please call or write the apprenticeship office to report change of address or phone number.

KEEP TRACK OF TIME DAILY RECORD TO THE CLOSEST ½ HOUR

“A” Work processes as per standards	“B” Hours from prior month	1	2	3	4	5	6	7	8	KEEP TRACK OF TIME DAILY RECORD TO THE CLOSEST ½ HOUR														24	25	26	27	28	29	30	31	“C” Total hours this month	“D” Total hours to date	
										9	10	11	12	13	14	15	16	17	18	19	20	21	22											23
Form building (1450)																																		
Rough framing & outside finishing (2500)																																		
Inside finishing, acoustical, finish hardware, clean room (1600)																																		
Layout (850)																																		
Other work processes (1600)																																		
Total hours																																		

Name of company: _____

Location or work site: _____

Supervisor's name: _____

Supervisor's phone #: _____

Supervisor's signature: _____

Please verify the information above and complete required employer rating section before signing⇒

Apprentice's signature: _____

I certify that the above information is correct

Supervisor please complete required EMPLOYER RATING SECTION

1 = Good
2 = Average
3 = Below Average
4 = Unsatisfactory

Interest toward work
 Compatibility
 Attitude (general)
 Adaptability
 Quantity of work
 Quality of work
 Safety Practices

Immediate supervisor comments: