



Draft

Residential Apprentice Monthly Work

(Due in the JATC Office by the 10th of the Month)

For optimum accuracy print in ink. Use capital letters or numbers and avoid contact with the edge of the box. The following will serve as an example.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Apprentice SS Num. - - Date Report Submitted / /

Lastname

Firstname M.I. Last Day of THIS Report Period / /

Period Employer

Enter the Number of Actual Clock Hours (including Overtime) for Each Category Worked This Month. LEAVE OFF Insignificant ZEROS.

<input type="text"/> <input type="text"/> <input type="text"/>	Project Layout and Planning - Reading & interpreting blueprints and specifications / Coordination between crafts, engineers & architects / Layout feeders, risers & branch circuits	<input type="text"/> <input type="text"/> <input type="text"/>	Fire Alarm Installation - Blueprint & specification interpretation / Layout & circuit installation / Control panel & device installaiton / Programming & testing
<input type="text"/> <input type="text"/> <input type="text"/>	Underground Installations - Trenching and ditch digging / Direct burial / Installing PVC rigid conduit/ Installing grounding electrode systems	<input type="text"/> <input type="text"/> <input type="text"/>	Control System Installation - Blueprint & specification interpretation / Layout & circuit installation / HVAC / Transformers
<input type="text"/> <input type="text"/> <input type="text"/>	Conduit Raceway Systems - Fastening & supporting devices / Conduit fabrication / Installation of conduit, fittings & boxes	<input type="text"/> <input type="text"/> <input type="text"/>	Security System Installation - Blueprint & specification interpretation / Layout / Box & circuit installation / Terminations & testing
<input type="text"/> <input type="text"/> <input type="text"/>	Installing Services and Panels including tempoary - Mounting devices / Installing circuit breakers and fuses / Terminations / Feeders, meters and subpanels	<input type="text"/> <input type="text"/> <input type="text"/>	Installing Sound & Communications Systems - Blueprint & specification interpretation / Layout / Conduit & box installation / Installing panels & network devices / Circuit installation / Terminations & testing
<input type="text"/> <input type="text"/> <input type="text"/>	Installing, Splicing & Terminating Wires & Cables - Branch circuits / Control wiring / Splices, taps & terminations / Drilling and Rough in wiring / Installing Devices	<input type="text"/> <input type="text"/> <input type="text"/>	Installing Specialized Systems - Basic life safety / Custom and low voltage control / Entertainment and Environmental
<input type="text"/> <input type="text"/> <input type="text"/>	Lighting System Installation and Layout - Installing fixtures Installing lighting control devices	<input type="text"/> <input type="text"/> <input type="text"/>	Material handling & Pre-Fabrication - Material-equipment awareness / Fabricating for field installation
<input type="text"/> <input type="text"/> <input type="text"/>	Service & Troubleshooting - Testing, analysis & repair of: motors, transformers, electrical devices, electronic devices, magnetic devices, lighting & power circuits, equipment, control circuits & devices	<input type="text"/> <input type="text"/> <input type="text"/>	Other Specialized Area - (Briefly describe) _____

<input type="text"/> <input type="text"/> <input type="text"/>	Total number of hours you worked this month.	<input type="text"/> <input type="text"/> <input type="text"/>	Of the total number of work hours that were available to you, indicate the number of hours you DID NOT work
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Indicate below the reason(s) and number of hours for absenteeism. Show hours for ALL that apply:

<input type="text"/> <input type="text"/> <input type="text"/>	Illness, Medical or Injury	<input type="text"/> <input type="text"/> <input type="text"/>	Personal	<input type="text"/> <input type="text"/> <input type="text"/>	Scheduled Vacation
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Apprentice Signature _____ Date _____ Journeyman Signature _____ Date _____

NOTE: The apprentice must complete the (front) portion of this form. In addition, the apprentice must fill in the Social Security Number on the back of the form. The (back) portion of the form is given to the Journeyman for completion. The form must be signed and returned to the JATC.

This Form Must Be Completed and Signed by the APPRENTICE

Residential Wireman's Evaluation of Apprentice

This is to filled out in ink by the journeyman the apprentice is working with, then given to the foreman and then turned in to the JATC office.

App.
SSN #

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Length of time apprentice has
been working with you

MONTHS		DAYS	

APP NAME _____
(Print)

INITIATIVE	<input type="checkbox"/> Helps keep job moving	<input type="checkbox"/> Average	<input type="checkbox"/> Room for improvement
ATTITUDE	<input type="checkbox"/> Cooperative Helpful & Alert	<input type="checkbox"/> Average	<input type="checkbox"/> Resentful Uncooperative
ATTENDANCE	<input type="checkbox"/> Never Late	<input type="checkbox"/> Seldom Late	<input type="checkbox"/> Frequently Late
ATTENDANCE	<input type="checkbox"/> Never Off Work	<input type="checkbox"/> Seldom Off Work	<input type="checkbox"/> Frequently Off Work
MECH APTITUDE	<input type="checkbox"/> Very High	<input type="checkbox"/> Average	<input type="checkbox"/> Very Little
QUALITY	<input type="checkbox"/> Takes Pride in Work	<input type="checkbox"/> Produces Good Work most of the Time	<input type="checkbox"/> Spoils Work Needs Continually Checked
QUANTITY of WORK	<input type="checkbox"/> Highly Productive	<input type="checkbox"/> Reasonable Length of Time	<input type="checkbox"/> Plans Work Poorly
ACCURACY	<input type="checkbox"/> Does it Right	<input type="checkbox"/> Average	<input type="checkbox"/> Makes Careless Errors
COMM SKILLS	<input type="checkbox"/> Almost Always Understands	<input type="checkbox"/> Average	<input type="checkbox"/> Does NOT Easily Understand
SAFETY RULES	<input type="checkbox"/> Very Safety Conscious	<input type="checkbox"/> Average	<input type="checkbox"/> Disregards Rules
TOOLS	<input type="checkbox"/> Always has Proper Tools	<input type="checkbox"/> Usually has Proper Tools	<input type="checkbox"/> Often Lacks Proper Tools
HEARING	<input type="checkbox"/> Hears Instruction	<input type="checkbox"/> Average	<input type="checkbox"/> Often Unable to Hear Instruction
VISION	<input type="checkbox"/> Usually Able to Distinguish Color	<input type="checkbox"/> Average	<input type="checkbox"/> Unable to Distinguish Color
AGILITY	<input type="checkbox"/> Always Maintains Balance	<input type="checkbox"/> Maintains Balance	<input type="checkbox"/> Loss of Balance
STRENGTH/ENDURANCE	<input type="checkbox"/> Performs Physical Work	<input type="checkbox"/> Usually carries their Load	<input type="checkbox"/> Gets Overly Tired
Knowledge of Trade Consider Time in Trade	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Average	<input type="checkbox"/> Unsatisfactory

1 Journeyman Comments: 2 Foreman Comments: 3 Contractor Comments:

1 Signature _____	Print name _____	Date _____
2 Signature _____	Print name _____	Date _____
3 Signature _____	Print name _____	Date _____