

# MID-VALLEY SHEET METAL JOINT APPRENTICESHIP COMMITTEE MA #1060 - Apprentice Monthly Work Progress Report

Check here if this is a new address or phone number. Bldg. 33-101, PO Box 14007 Salem OR 97309-7070 Telephone: 503.399.5255 Fax: 503.399.5257 e-mail: [apprenticeship@chemeketa.edu](mailto:apprenticeship@chemeketa.edu)

Name (PRINT): _____ Street Address: _____ City, State, Zip: _____ Phone Number: _____	<b>AGREEMENT NUMBER</b>	<b>OCCUPATION</b>  <b>SHEET METAL TECHNICIAN</b>	<b>MONTH</b>	<b>YEAR</b>
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**You must complete the hours indicated in each work process in Column A to finish the program.**

**Directions:** Enter the total hours for each work process from Column D of the previous MWPR in Column B. Enter the daily hours spent on each work process (**ONLY whole hours**) by date. At the end of the month, add daily hours worked in each Work Process and enter total in Column C. Add Columns B and C and enter totals in Column D with the grand total of all hours at the bottom. The apprentice and employer must sign the report. Submit the completed report to the committee administrator at the email or physical address above or FAX it to 503.399.5257 **on or before the 10th of each month.** Apprentices should keep a copy of all MWPRs for their records.

A		B	Each Day List the Number of Hours Worked on Each Work Process. Keep Your Record to the Closest Hour.																												C	D							
Work Processes		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 This Month	Total Hours To Date				
			Fabrication & Assembly	2150 Hours																																			
Installation or Erection	3150 Hours																																						
Layout	900 Hours																																						
Miscellaneous	1000 Hours																																						
<b>Total Hours</b>																																							
<b>Total On the Job Training Hours (OJT) to Date:</b>																																							

<b>Name of Training Agent:</b>	
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<b>Wage per hour \$</b> _____
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<b>Period of Training</b> _____
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**Apprentice:** I certify that the information is correctly stated above.

**Signature:** \_\_\_\_\_

**Employer:** I verify time spent in work processes as listed by this apprentice.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Employer:** Please make your evaluation in the appropriate **June / December** section for the committee's consideration of advancement for this apprentice.

June Evaluation (January 1 - June 30)	Yes [ ] / Reason:	No [ ] / Reason:	Signature:	Date:
Evaluation (July 1 - December 31)	Yes [ ] / Reason:	No [ ] / Reason:	Signature:	Date: