Residential Apprentice Monthly Progress Record

Monthly progress reports are due by the 1ST of the following month!

MAIL TO:
SHEET METAL APPRENTICESHIP
2379 NE 178th Ave.
PORTLAND, OR 97230
www.sheetmetal-16.org
Ph: 257-1022
FAX: 257-1302

SMACNA
COLUMBIA CHAPTER

Check here if: ☐ ....New Address / Ph.# ☐ ....Need More Forms

NAME: _____

ADDRESS: _____ Ph:# ( ) _____

_____
CITY ST ZIP

MONTH	YEAR

_____
DATE RECEIVED

INSTRUCTIONS: (1) Add total hours for month. Place total in Column II. (2) Add Column I and II to obtain total for Column III. (3) Carry forward Column III to next month's report. (4) Keep a copy of each MPR for next month's entry. (5) Your signature and your employer's are required to validate hours worked.

Work Process	{I} Total Hrs. from last month	Each day, list the number of hours worked on each work process. Keep your records to the closest hour; NO 1/4 quarter and NO 1/2 half hours.																															{II} This Mo's Total Hrs.	{III} Total Hrs. to Date
		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		
A. General Sheetmetal Work																																		
B. Operation of hand tools																																		
C. Heating & Ventilation																																		
D. Air Conditioning/ Dryside																																		
E. Solar Heat & Cooling																																		
F. Servicing Systems																																		
G. Guttering & spouting																																		
TOTALS:																																		

APPRENTICE: Please answer the following:

Employer / Name of Firm: _____

Hourly Wage: $_____ Percent: _____%

Apprentice: I certify that the above information is correct

_____ _____
Apprentice Signature Date

1. Excellent
2. Good
3. Average
4. Fair
5. Unsatisfactory
6. Does not Apply

EMPLOYER: Please answer the following

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
6. safety practices? ..... [ ]

Employer Comments: _____
_____

Employer Signature: _____

Each late progress report will hold up your rerate for one month.

Employee Assistance Program (EAP) 1-800-826-9231