Local Union

ON THE JOB TRAINING (OJTS) FORM

For optimum accuracy print in black ink. Use capital letters or numbers and avoid contact with teh edge of the box

This report mus be submitted to the JATC office by the 10th of the month. Only record actual whole hours worked.

Other: Fiber Optics Report Period (mm/dd/yyyy) (Example (01/01/2011) Underground H.S. Transmission **Rubber Glove** Street Lighting Distribution-Maint. and Rebuild **New Distribution** Substation Transmission Steel Transmission Wood First Period Duties Name H.S. Distribution Do you have CDL? New address New permanent address? ☐ YES State □ NO N ယ Class of CDL Zip 4 New temporary address? G 6 œ **Expiration Date** 9 10 = 12 (Leave address blank if not new.) ಪ Period **New Phone Number** 14 5 16 17 Employer 8 19 20 2 23 23 Student ID (Last 5 Digits of SSN) 24 25 MONTHLY TOTAL HOURS 26 27 28 29 30 3 TOTAL

SUPERVISOR SIGNATURE:

APPRENTICE SIGNATURE:

(REQUIRED)

(REQUIRED)

MONTHLY APPRENTICESHIP EVALUATION REPORT FOR		(Print Name)			
FOR THE MONTH OF	YEAR		-		
Please rate the apprentice on a scale of 1 to 4: 2 = (Acceptable / Most of the Time) 3 = (Needs	1 = (Exceeds improvement / Seldo	Expectatom) 4 =	ions / A = (Unsat	lways) isfactor	y / Never)
		1	2	3	4
1. RELIABILITY		4.	-	3	7
a. Does he/she show up each work day?					
b. Does he/she show up on time?		40			
c. Can you depend on him/her to complete his/	her work?				
d. Does he/she make good use of time?					
2. INTEREST					
a. Is he/she willing to learn?					·
b. Does he/she follow instructions?					
c. Does he/she ask questions about the job?					
d. Does he/she show interest in the trade?					
3. ATTITUDE and COOPERATION					
a. Does he/she work well with others?					
b. Does he/she work safely?					-
c. Does he/she participate in tailboard discussion	ns?		-	Andrews Control	Miletinament
d. Does he/she resent supervision?		-			
4. ABILITY					
a. Does he/she display good climbing ability?					
b. Does he/she perform up to your expectations					
c. Does he/she retain what has been taught to h	im/her?				-
5. APPEARANCE					
a. Does he/she show up for work in the proper a		PROMOGRA	processor to		-
b. Does he/she show up rested, alert and ready	to work?				-
6. PERFORMANCE					
a. Would you work with him/her as a "pole budd	ly"?	Yes		Nc	
b. Is he/she ready to be advanced to his/her nex		Yes		Nc	
c. Does he/she have the mechanical ability to be	a Lineman?	Yes		Nc	
d. Do you think he/she will make a good Journey	man Lineman?	Yes	i	Nc)
6. What type of work is this apprentice currently e	ngaged in?				
7. What could be done to help this apprentice bed	ome more effective?	-			
Did you discuss this evaluation with the apprentic	e?	Yes		No)
If yes, apprentice's signature		Date	Date		
Apprentice's comments:					
Foreman (PRINT)					
At mitters for state of	10	- /	and State of		

FOREMAN'S RESPONSIBILTY:

- a. Review and certify that the number of hours listed on the front of this report were actually worked and are categorized in the proper columns and sign in the space provided on the front.
- b. Complete the above Monthly Apprentice Evaluation Report, sign and date.
- c. Return the completed report to the apprentice.

