

- Please Fill Out Completely -

- Sign, date and fill in wage rate last -

- 12 / 2014 -

Northeast WI Area Plumbing JAC
3315 N Ballard Road, Suite D • Appleton WI 54911 • (920) 734-3148

[STEP 1]

Apprentice: _____ License Number _____

Please Print Clearly – use ink

On the Job Training (OJT) Total hours _____ Paid Related Instruction (PRI) Total hours _____

Unpaid Related Instruction (URI) Total hours _____ Total OJT and PRI hours _____

Program Area: Local #400 Independent *Attach additional comments on a separate sheet.*

Reason for Evaluation: Wage Rate Increase Completion Routine Other _____

Evaluation Requested by: Apprentice Committee Assigned Employer Other _____

[STEP 2]

Paid Related Instruction Report

Total Classroom Hours _____ as of ____/____/____ Hours Absent this Semester _____

Last semester grade _____

Has the apprentice completed Paid Related Instruction? No Yes *** Date of Completion ____/____/____

REPORT KEY: 1 = exceeds industry standards // 2 = meets industry standards // 3 = below industry standards // 4 = not observed at this time

HOMEWORK _____ ATTITUDE _____ PARTICIPATION _____ COMPREHENSION _____ APPLICATION _____

READING SKILLS (PROBLEM SOLVING) _____ MATH SKILLS (FORMULA RETENTION) _____ PUNCTUALITY _____

Comments: _____

Attach additional comments on a separate sheet.

Instructor:

(Print and sign name) _____ Date: ____/____/____

[STEP 3]

Assigned Employer's Report

Employer _____ Has the apprentice made satisfactory progress? Yes No

REPORT KEY: 1 = exceeds industry standards // 2 = meets industry standards // 3 = below industry standards // 4 = not observed

Apprentice Personal Traits // Apprentice Job Performance:

ATTITUDE _____ INITIATIVE _____ ABILITY TO TAKE DIRECTIONS _____ CRAFTSMANSHIP _____ APPEARANCE _____

COOPERATION _____ MECHANICAL ABILITY _____ CODE APPLICATION _____ PUNCTUALITY _____

Comments: _____

Attach additional comments on a separate sheet.

Master Plumber of record: print name _____

Signature _____ **Date:** ____/____/____

[STEP 4]

Apprentice Signature _____ Date ____/____/____ **Current Rate of Pay** _____

To be signed by Apprentice

[STEP 5]

Committee Record Review and Committee Action

Last Report Received for Period Ending ____/____/____ indicates:

Committee validates / verifies [STEP 1] information -- **YES** **NO** **CHANGE**

New Wage Rate _____% New Wage \$ _____ per hour. Wage Rate Anniversary Date ____/____/____

THIS COMMITTEE:

Hereby **ACCEPTS** the status of this apprentice in good standing at this time. Date ____/____/____.

Hereby recommends **COMPLETION** of this apprentice as of ____/____/____.

Hereby recommends **DELAY OF COMPLETION** of this apprentice at this time. Date ____/____/____.

Reason for delay _____

OTHER(specify) _____

Committee Chair Signature _____ **Date** ____/____/____

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