

PLUMBERS AND STEAMFITTERS LOCAL 157 JOINT APPRENTICESHIP AND TRAINING COMMITTEE

APPRENTICE MONTHLY EVALUATION

NAME: _____ **OJT PERIOD:** _____ / _____
CONTRACTOR: _____ **M M** **YY YY**
EVALUATED BY: _____ **TITLE:** _____
SIGNATURE: _____

DAYS MISSED: Place an X in corresponding box for each day missed for current OJT month. Enter Y or N in "Call In" box.

REASON	1st	CALL	2nd	CALL	3rd	CALL	4th	CALL	5th	CALL	6th	CALL
	DAY	IN?	DAY	IN?	DAY	IN?	DAY	IN?	DAY	IN?	DAY	IN?
		(Y/N)		(Y/N)		(Y/N)		(Y/N)		(Y/N)		(Y/N)
Medical												
Personal												
Vacation												
Injury												
No Work Available												

CATEGORY	EXCELLENT	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
Attitude				
Ability to Learn				
Dependable				
Quantity of Work				
Quality of Work				
Appearance				
Customer Relations				
Punctuality				
Attendance				

EXPLANATION OF UNSATISFACTORY MARKS:

CONTRACTOR COMMENTS:

NAME: _____ **SIGNATURE:** _____

SHOULD APPRENTICE APPEAR BEFORE JATC? _____ **YES** _____ **NO**