

MONTHLY TIME REPORT CARD

07/14

MISSOURI VALLEY LINE CONSTRUCTORS APPRENTICESHIP

1600 E. Iowa Ave. - Indianola, Iowa 50125

Website: www.movalleyjadc.org Email: mbauer@movalleyjadc.org, arowe@movalleyjadc.org

NAME: _____ THESE HOURS ARE FOR THE MONTH OF: _____ Year: _____ L.U.: _____
 (Print Clearly)

Day	Contractor	Fault Locating Cable Testing	Risers and Overhead Connections	Switching Grounding	Rubber Kits and Tape Splicing	Manhole Work	Lead Splicing	Other	Explanation
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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25									
26									
27									
28									
29									
30									
31									

Note: Technicians must keep a daily log detailing the hours claimed. You may be asked to provide the details to support the hours submitted.

Technician Signature: _____

Date: _____

State: _____ County: _____

Foreman Signature: _____ Date: _____

Contractor: _____ From: _____ To: _____

Foreman Print: _____

Contractor: _____ From: _____ To: _____

Foreman Contact Number: _____

Foreman Signature: _____ Date: _____

Foreman Print: _____

Foreman Contact Number: _____

Apprentice: _____ Step: _____ Home Local: _____ Working Local: _____

Employer: _____ Foreman: _____ Phone: _____

General Foreman: _____ Phone: _____ Job Site (City): _____

Superintendent: _____ Phone: _____

Please fill in a "P" for "pass" or an "F" for "fail" for each question below.

- Shows up on time and prepared to work? _____
- Plans work in an efficient manner prior to starting the task? _____
- Anticipates the tool and materials required to complete the task? _____
- Anticipates issues which could arise during the task? _____
- Checks completed work on their own? _____
- Uses time effectively and is productive? _____
- Has a positive attitude regardless of tasks? _____
- Respectful to others? _____
- Produces quality work? _____
- Retains knowledge and applies to future tasks? _____
- Possesses good communication skills? _____
- Listens and follows directions? _____
- Does the apprentice ask questions during tailboards? _____
- Has the ability to solve problems? _____
- Works in a safe manner? _____
- Skills match step level? _____
- Keeps track of/takes care of tools and equipment? _____

Comments

What types of work has the apprentice performed while under your supervision?

What is one thing this apprentice needs to work on for next month's evaluation?: _____

Does this apprentice need to attend subcommittee?: Yes No (Circle) If yes, or for any other concerns, contact Matt Poutre: 515-505-0842

Apprentice's signature _____ Date: _____

Foreman's signature _____ Date: _____

FOREMAN'S RESPONSIBILITY

- Review and certify the number of hours listed on the front of this report were actually worked, and sign in the space provided.
- Complete the above Monthly Apprentice Evaluation Report honestly and offer guidance where needed to the apprentice