07/14

MONTHLY TIME REPORT CARD

MISSOURI VALLEY LINE CONSTRUCTORS APPRENTICESHIP
1600 E. Iowa Ave. - Indianola, Iowa 50125
Website: www.movalleyjatc.org Email: mbauer@movalleyjatc.org, arowe@movalleyjatc.org; tchumbley@movalleyjatc.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									
12									
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22									
23									
24									
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:** _____

Contractor:_____From:_____To:_____ **Foreman Signature:**_____Date:_____
Foreman Print Name:_____
Foreman Contact Number:_____

Contractor:_____From:_____To:_____ **Foreman Signature:**_____Date:_____
Foreman Print Name:_____
Foreman Contact Number:

Cable Splicing Technician Name:_____ Step:_____ Home Local:____

Working Location: _____

Employer: _____Foreman: _____Phone: _____

General Foreman: _____Phone: _____Date: _____

Please fill in the appropriate grade for each question below.

Grading Key: A=Outstanding B=Above Average C=Satisfactory D=Unsatisfactory

Shows up on time and prepared to work?	_____
Plans work in an efficient manner prior to starting the task?	_____
Anticipates the tools 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?	_____
Seeks to improve skills?	_____
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 technician 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 type of work has the Technician performed while under your supervision?: _____
_____
_____
_____

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

Did you discuss this evaluation with the technician? Yes No (Circle)
If yes, technician signature _____ Date: _____
Foreman's signature: _____ Date: _____

FOREMAN'S RESPONSIBILITY

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

Please contact Matt Poutre at Missouri Valley JATC with questions or concerns. Office: 515-961-5062
Cell: 515-505-0842 Email: mpoutre@movalleyjatc.org

06/2021