

MID-VALLEY STEAMFITTER/PIPEFITTER JOINT APPRENTICESHIP COMMITTEE-MA #2022

MONTHLY WORK PROGRESS REPORT

3340 Commercial St. SE, Salem, OR 97302 • PHONE (503) 557-1203 • FAX (503) 557-0884 • E-MAIL Julie@ORPHCC.COM

(Please Print) Name:	AGREEMENT NUMBER	OCCUPATION STEAMFITTER /PIPEFITTER	MONTH	YEAR
Address:				
City, State Zip:				
Phone: ()				
<input type="checkbox"/> Check box if new address or phone number				

INSTRUCTIONS: Enter the time you worked in each occupational processes in column "A". Enter the total hours for each work process from the previous Work Progress Record in column "B". Enter daily, to the nearest hour, time spent on each work process (ONLY whole hours). Add the hours from column "B" plus Daily Record and enter total in column "C". Keep a copy of your Work Progress for next months entry. You and your employer must sign the report. Submit the completed report to the committee's Administrator at the address above or FAX to (503) 557-0884 **on or before the 15th of each month.** (Monthly Work Progress Reports (MWPR) are to be submitted even if you are laid-off or not accumulating hours)

A		B	Each Day List the Number of Hours Worked on Each Work Process. Keep Your Record to the Closest Hour.																									C	D										
Work Processes		Hours Brought Forward	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours This Month	Total Hours To Date				
1. Hydronic Heating Systems for Equipment	1500 Hours																																						
2. Steam Heating Systems & Equip Maintenance	1500 Hours																																						
3. Air Conditioning & Refrigeration	1000 Hours																																						
4. Control Systems	1000 Hours																																						
5. Process Systems & Equipments	2000 Hours																																						
6. Welding Processes	1000 Hours																																						
			Total Hours to Date (on the Job Training)																																				
Name of Training Agent	Address of Firm										City, State Zip										Wage per Hour					Period of Training													

APPRENTICE: I certify that the information is correctly stated above.

Signature: _____

EMPLOYER: I verify time spent in work processes as listed by this apprentice.

Signature: _____

Employer: Please make your evaluation in the appropriate June/December section for the committee's consideration of advancement for this apprentice.

June Evaluation (January 1 - June 30)	Yes [] / Reason:	No [] / Reason:	Signature:	Date:
December Evaluation (July 1 - December 31)	Yes [] / Reason:	No [] / Reason:	Signature:	Date: