

# ARIZONA BUILDERS' ALLIANCE APPRENTICES AND TRAINING PROGRAM

NAME \_\_\_\_\_ SS# \_\_\_\_\_ OJT FOR THE MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

Employer \_\_\_\_\_ Project Name \_\_\_\_\_

## OJT Hours This Month

Category Electrical	Hours Required	Hours to Date	Week 1	Week 2	Week 3	Week 4	Week 5	Hours this Month	Total Hours To Date
Preliminary Work	600								
Residential & commercial Wiring	2500								
Residential & Commercial Finish Work	1500								
Industrial Lighting Service Installation	2000								
Trouble Shooting	1000								
Motor Installation & Control	400								

Apprentice Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supervisor's Evaluation

Apprentice Evaluation <i>Place a check mark in the appropriate column</i>	Exceeds Expectations	Meets Expectations	Below Expectations	Unacceptable
<b>SKILLS</b>				
Demonstrates job knowledge				
Follows instructions given				
Organizes work (relative to other employees at his/her level)				
Versatile in the trade (compared to others with same experience)				
<b>PERFORMANCE</b>				
Quality of work				
Accuracy of work				
Carries his/her share of the workload				
Has and brings correct tools to the job				
Demonstrates physical ability to perform assigned tasks				
<b>WORK BEHAVIOR</b>				
Safe work habits				
Attendance				
Punctuality				
Leadership qualities				
Demonstrates practical approach towards accomplishing tasks				
Demonstrates self confidence				
Assumes and demonstrates responsibility				
Demonstrates ability to learn new tasks				

Supervisor's Name (Please Print) \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to the ABA Training Depart, 2702 N. 3<sup>rd</sup> St., Suite 2020, Phoenix, AZ 85004

or FAX to 602-274-8999 on or before the 10<sup>th</sup> of each month.