

FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING

P. O. Box 592949
Orlando, FL 32859-2949
(407) 438-3328 FAX: (407) 438-8202

APPRENTICE NAME (PLEASE PRINT) _____

SCHOOL _____

MONTH _____

YEAR _____

APPRENTICE ON-THE-JOB TRAINING REPORT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| DATE | 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 | |
| CODE A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TOTAL FOR MONTH: _____

APPRENTICE COMMENTS _____

Address Change

Check Here

APPRENTICE SIGNATURE _____

APPRENTICE ADDRESS _____

COMPANY NAME _____

Phone Change

Check Here

HOME PHONE: _____

CELL PHONE: _____

EMPLOYER EVALUATION of APPRENTICE

In the opinion of the supervisor as compared to others at the same level of trade experience:

| | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations | Does Not Apply |
|---|----------------------|--------------------|----------------------------|----------------|
| Demonstrates job knowledge | | | | |
| Follows instructions | | | | |
| Organizes work | | | | |
| Accuracy and quality of work | | | | |
| Assumes and demonstrates responsibility | | | | |
| Ability to learn assigned tasks | | | | |
| Attitude | | | | |
| Care and use of equipment | | | | |
| Works safely | | | | |
| Attendance | | | | |
| Punctuality | | | | |

Supervisor comments: _____

Current Hourly Wage: _____

Supervisor signature _____

EMPLOYER CERTIFICATION

I hereby certify that the hours stated are correct and that the named apprentice is receiving at least the amount listed as the current minimum hourly wage.

Supervisor name (Please print) _____

Signature _____

Date _____

FEAT Coordinator _____

OJT Instructions

Apprentice:

Please complete the front of this document and turn it in to your immediate supervisor on the last working day of each month.

1. Post time daily
2. Fill in completely and sign
3. Note any changes in address or telephone number by checking the appropriate box

Supervisor:

Please complete the OJT Evaluation Report on the front of this form. It is vital to this Apprentice and to *FEAT* to properly track his/her progress. Comments are always valued.

Training Officer/Bookkeeper:

Please verify hours worked and hourly wage paid to this apprentice. Sign in the lower right hand box on the front page.

Mail this report to the address at the top of the front page, by the fifth day of the month following the month covered.

Thank you for your cooperation!

OJT Codes

CODE A 1000 Hours

Learning:

1. Safety Meeting/Safety on the Job
2. Loading/Unloading Materials and Equipment
3. Tool Set-up
4. Jobsite Clean-up
5. Equipment Repair/Maintenance
6. Paperwork
7. Care of Tools/Equipment
8. Sitework/Underslab

CODE C 2800 Hours

Learning:

1. Install Devices
2. Install Fixtures
3. Low Voltage Systems
4. Site Lighting

CODE B 2800 Hours

Learning:

1. Install Raceways
2. Pull Wire
3. Install Cable
4. Install/Maintain Temporary Power & Equipment
5. Install Boxes

CODE D 1400 Hours

Learning:

1. Follow Blueprints/Diagrams/Specifications
2. Install/Connect Service Equipment (Panels)
3. Repair/Troubleshoot
4. Use Test Instruments
5. Connect Motors and Controls
6. Connect Equipment