



Phone: (301) 621-9545
 Phone: (800) 470-3013
 Fax: (301) 912-1665
 Email: gshmelzer@iec-chesapeake.com

P.O. Box 147
 Odenton, MD 21113

MONTHLY ON THE JOB TRAINING REPORT

Last Name (Please Print):

First Name (Please Print):

CALENDAR YEAR: (EXAMPLE) 2 0 0 4 (EXAMPLE)

CALENDAR MONTH: 1 2 3 4 5 6 7 8 9 10 11 12 (EXAMPLE) 8

(Check One)

Note: (Only Hours Worked For a One Month Period. Cannot Combine Months)

Apprentices shall be trained in accordance with, but not limited to, the four year total listed below. The Training should relate, whenever feasible, to the year of related instruction, primarily as follows.

- First Year - Residential
- Second Year - Commercial
- Third Year - Industrial & Motor Control
- Fourth Year - National Electrical Code and Implementation

The hours listed below represent the total requirement for the four year program. For a detailed description of each category, refer to the Standards of Apprenticeship.

AREAS OF OJT TRAINING	APPROXIMATE HOURS (4 - YEAR TOTAL)	OJT HOURS THIS MONTH	(EXAMPLE) <input type="text"/> 4 <input type="text"/> 2
(A) PRELIMINARY WORK	600	<input type="text"/>	<input type="text"/>
(B) RESIDENTIAL & COMMERCIAL ROUGH	2500	<input type="text"/>	<input type="text"/>
(C) RESIDENTIAL & COMMERCIAL FINISH	1500	<input type="text"/>	<input type="text"/>
(D) INDUSTRIAL LIGHTING AND SERVICE	2000	<input type="text"/>	<input type="text"/>
(E) TROUBLE SHOOTING	1000	<input type="text"/>	<input type="text"/>
(F) MOTOR INSTALLATION AND CONTROL	400	<input type="text"/>	<input type="text"/>
(G) LO VOLTAGE	0	<input type="text"/>	<input type="text"/>
(H) OTHER	0	<input type="text"/>	<input type="text"/>
	TOTAL 8000	TOTAL	<input type="text"/>

Signature of Apprentice: _____

Signature of Supervisor: _____

Name of Company: _____

REGULATION:
 A Late Fee of \$10.00 Will Be Charged For
 Forms Not Received Within 15 Days Of The
 Submitted Month.