



Kalamazoo Joint Apprenticeship
and Training Committee
3641 East Cork Street Kalamazoo, MI 49001
Phone: 269-388-4434 ext. 1
www.kalamazoojatc.com / admin@kalamazoojatc.com

Helper Monthly Work Report

NAME: _____

CLASS YEAR: helper

MONTH/YEAR: _____

PERIOD: 1st

Journeyman: Please rate the helper in each of the following, using the following scale:

1 = Excellent 2 = Above Average 3 = Average 4 = Below Average 5 = Unsatisfactory

INITIATIVE: _____	MECHANICAL APTITUDE: _____	ACCURACY: _____
ATTITUDE: _____	USE OF WORKING TIME: _____	APPEARANCE: _____
RESPONSIBILITY: _____	SAFETY RULES: _____	PROPER ATTIRE: _____
COMMUNICATION: _____	PROPER TOOLS: _____	
ATTENDANCE: _____	TARDINESS: often / sometimes / rarely / never (circle one)	OVERALL PERFORMANCE _____ (considering time in trade)

How long have you worked with this helper? _____

Journeyman/Foreman

Comments: _____

JOURNEYMAN NAME (PRINT)

JOURNEYMAN SIGNATURE

FOREMAN SIGNATURE

OFFICE USE ONLY

DATE RECEIVED: _____ (TO BE TURNED INTO OFFICE BY THE 15TH OF FOLLOWING MONTH)

THIS SIDE IS TO BE FILLED OUT BY THE HELPER

EMPLOYER: _____

JOB SITE: _____ / _____ / _____

TOTAL HOURS WORKED THIS MONTH: _____

AVAILABLE HOURS MISSED: _____

UNEMPLOYED DAYS THIS MONTH: _____ DATES LAID-OFF: _____

Reasons for Missed Time:

HELPER SIGNATURE