

APPRENTICE PROBATION REPORT

APPRENTICE _____

Week ending _____/_____/_____

Company/Job _____

<u>WORK HABITS (Please check one)</u>			
_____ Excellent	_____ Good	_____ Fair	_____ Poor
<u>ATTITUDE (Please check one)</u>			
_____ Excellent	_____ Good	_____ Fair	_____ Poor
<u>QUALITY OF WORK (Please check one)</u>			
_____ Excellent	_____ Good	_____ Fair	_____ Poor
<u>ATTENTIVE (Please check one)</u>			
_____ Excellent	_____ Good	_____ Fair	_____ Poor

COMMENTS:

Person completing this form _____

Signature _____

Date _____/_____/_____

HOISTING and PORTABLE ENGINEERS Local 4

Apprenticeship Fund

ENGINEERS TRAINING CENTER

Michael Carey, Coordinator



TO THE PERSON RESPONSIBLE FOR THIS APPRENTICE

Please bear in mind that:

1. This report reflects your opinion as an employer
2. This person may have no previous experience at the job they are required to do.
3. The apprentice will deliver new reports each week.

Please do not hesitate to contact the Coordinator at (781) 821-0306 if you need further details.

Thank You.