APPRENTICE RETURN TO METI

Apprentice Name _____ Date Last Worked _____

Contractor's Name _____ Date Started _____

Total Hours Worked _____

Reason for Termination: _____

Details of Termination: _____

_____

Would you rehire: Yes / No

APPRENTICE RATING REPORT

Directions: Please circle the most appropriate box in each of the eight categories.

I. Attendance	Not Reliable (2-3 times per month)	Misses Often (once per month)	Good Attendance (3- 5 per year)	Rarely Absent (1-3 per year)	Never Absent (0)
II. Tardiness	Usually Late (1-2 per week)	Often Late (3- 5 per month)	Occasionally Late (1 or2 per month)	Rarely Late (1 or 2 per year)	Never Late (0)
III. Follows Shop / Industry Policies	Never	Seldom	Sometimes	Most Times	Always
IV. Skill – Quality Workmanship, Accuracy, Waste, Ability	Not Acceptable	Average	Good	Very Good	Excellent
V. Performance, Quality, Production Effort, Output	Doesn't Work to Capacity	Makes Some Effort	Average	Very Good	Exceptional
VI. Knowledge, Judgment, Supervision Experience, Initiative, Common Sense, Ability to Learn	Doesn't Remember	Slow Learner	Average	VeryGood	Needs Little Supervision
VII. Interest, Motivation, Pride	Shows No Interest	Occasional Interest	UsuallyWants to Learn	Eager, Shows Initiative	Seeks Challenge
VIII. Conduct Personality Attitude, Temperament, Understanding	Stubborn, Uncooperative, Resents Criticism	Mostly Pleasant, Gets Along	Accepts Criticism, Seeks Advice	Good Team Worker	Enthusiastic, Good Influence

Employer Signature: _____

Print Name: _____ Date: _____

Note: This Form Must Accompany the IBEW Lay-off Slip – Apprentice Transfer