

APPRENTICE PROGRESS/STATUS REPORT

CPPD Form 1560/2 (REV 02/12)

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

- From your log book total all hours accumulated in each skill area for your trade and enter the number of hours recorded during this reporting period in the appropriate blocks below.
- If you received less than 50% preregistration credit, submit a separate report showing desired distribution.
DO NOT EXCEED 50% OF THE REQUIRED HOURS IN ANY SKILL AREA
- Mark in the block below (TYPE OF REPORT) indicating the type of report being submitted.

PRINT NAME	Last	First	Middle	RATE/RANK (i.e, AT3, Cpl)
------------	------	-------	--------	---------------------------

REGISTRATION (HOME) MAILING ADDRESS (Street, City, State, Zip Code)

APPRENTICEABLE TRADE (FULL TITLE)

TYPE OF REPORT: (fill in 1 circle only)

- Semi-annual Report
- Preregistration Credit Distribution
- Completion Report
- Suspension (mark reason below)
- Cancellation (mark reason below)

DO NOT SEND ORIGINAL LOGS

ENCLOSE A COPY OF THE WORK EXPERIENCE HOURLY RECORDS FOR THE PERIOD COVERED BY THIS REPORT!

AIMS				

MEMBER ID NUMBER					

DATE OF REPORT		
MM	DD	YY

ENTER THE LAST DATE YOU RECORDED HOURS ON YOUR LOGS

Please **suspend** registration of above named apprentice for reason marked below:

- Orders to light duty Hospitalization
- Nature of current assignment prohibits work in trade for one year or less.

Please **cancel** registration of above named apprentice for reason marked below:

- Personal Request of Apprentice Discharge/release to inactive duty
- Rated lower than 50% of professional comp.
- Termination of work experience for one year or more.

RECORD HOURS EARNED FOR THIS REPORTING PERIOD ONLY

A	B	C	D	E	F	G	H	I	J
K	L	M	N	O	P	Q	R	S	T

SIGNATURE OF APPRENTICE	EMAIL ADDRESS (PRINT CLEARLY)
-------------------------	-------------------------------

AUTHORIZED REVIEWER

I hereby certify that the above named Apprentice has completed the total amount of hours listed for this reporting period and that I have authority to sign this review and I have not signed any of the Apprentices weekly or monthly logs during this reporting period.

SIGNATURE AND TITLE OF REVIEWER	DATE SIGNED	EMAIL ADDRESS (PRINT CLEARLY)
---------------------------------	-------------	-------------------------------

Mail to: Commanding Officer
 CPPD USMAP
 6490 Saufley Field Road
 Pensacola, Florida 32509-5204

NOTE: Keep a copy of this report and all Work Experience Hourly Records for your personal files.

PRIVACY ACT STATEMENT

Under the authority of Title 5 USC 301, information regarding your military or other DOD status is requested on this form in order to process this form. The information will also be used to process related correspondence and to construct and maintain an official and continuing record of Apprenticeship Program participation. The Apprenticeship Participation record will not be divulged, without prior written authorization, to anyone other than those within DOD or the Department of Labor for official use in determining your status within the Apprenticeship Program. Completion of this form is voluntary; however, failure to complete the form will result in an inability to process this form.