U.S. DOD Form dod-opnav-12410-11

APPRENTICE AND SHOP TRAINEE WORK EXPERIENCE SCHEDULE AND PROGRESS RECORD

1. EMPLOYEE NAME AND NUMBER	2. JOB TITLE	3. DATE TRAINING STARTED	4. CARD NUMBER
5. NAME AND LOCATION OF ACTIVITY	6. DEPARTMENT *(and date of assignment)*	7. SHOP OR DIVISION *(and date of assignment)*	

8. WORK EXPERIENCE DUTIES AND TASKS *(list duties and tasks showing letter and number designations in left column)*	9. TRAINING PERIOD *(hours scheduled per 26 weeks of training)*								10. HOURS CREDIT RECEIVED *(indicate month, day, year completed in space provided)*								11. DUTIES COMPLETED *(date)*
	1st year		2nd year		3rd year		4th year		1st(/ /)		2nd(/ /)		3rd(/ /)		4th(/ /)		
	1st	2nd	3rd	4th	5th	6th	7th	8th	1st half	2nd half	1st half	2nd half	1st half	2nd half	1st half	2nd half	
GRAND TOTALS																	
( )YEAR SCHEDULE*(indicate 1st,2nd,3rd,4th)*																	

8. WORK EXPERIENCE DUTIES AND TASKS *(list duties and tasks showing letter and number designations in left column) (continued)*	9. TRAINING PERIOD *(hours scheduled per 26 weeks of training) (continued)*								10. HOURS CREDIT RECEIVED *(indicate month, day, year completed in space provided) (continued)*								11. DUTIES COMPLETED *(date)* *(cont'd)*
	1st year		2nd year		3rd year		4th year		1st(/ /)		2nd(/ /)		3rd(/ /)		4th(/ /)		
	1st	2nd	3rd	4th	5th	6th	7th	8th	1st half	2nd half	1st half	2nd half	1st half	2nd half	1st half	2nd half	
12. PROGRESS TOTALS *(26 week periods)*																	
13. REVIEW BY PROGRAM ADMINISTRATOR *(initials and date)*																	