

NAME:

LAST FOUR SSN#:

MONTH:

Year:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
Organization/Set-up A 100																																	
Prep Commercial/Residential B 200																																	
Rough-In Comm. & Res- C 1,000																																	
Waterproofing D 600																																	
Make Mud/Mix Mortar E 1,000																																	
Patch - Grout- Cleaning F 300																																	
Floors G 200																																	
Walls/Ceilings H 100																																	
Countertops/Islands/Pullman/bac I 100																																	
Splashes J 100																																	
Stairs/Columns/Arches K 200																																	
Epoxy/Furan/Single Component L 100																																	
Clean-up/Trash/Tools K 100																																	
Green Training (LEED) L 100																																	
On Job Hours																																	
Class Hours																																	
8 Hours Standard																																	
Work Week																																	
EMPLOYER:																																	
On-job supervisor of apprentices to verify monthly record and initial. Make final comments and recommendation at end of training period.																																	
Comments by on-job supervisor:																																	
Signature of Supervisor:																																	
Signature of Apprentice:																																	
Total Hours On-Job Training																																	
Total Hours Related Instruction																																	

Total Hours On-Job Training 4,000

Total Hours Related Instruction 144