

ALL APPRENTICES MUST TURN IN A BLUE BOOK FOR EACH MONTH

**APPRENTICE RECORD BOOK  
INSTRUCTIONS**

**APPRENTICE RECORD BOOK**

PERIOD NO. OR PERCENT

Name: First/Last Name

Address: 1234 Any Street

City: Your City

Occupation: Tile Layer TMT

Name of Joint Apprenticeship Committee: J.A.T.C.

By: \_\_\_\_\_ Officer

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
Division of Apprenticeship Standards

Address of District Office:

Print your first & last name

Print your address

Print the name of your city Print your trade

Tile Finisher or Tile Layer

Print TMT-JATC as the Apprenticeship Committee

**QUICK TIPS:**

- 1 Yellow sheet represents 1 month.
- See instructions below on how to fill out your blue book.
- If you have no hours to report, put •0• hours, complete, sign, & turn in.
- You must turn in 1 blue book (yellow sheet) every month.

\*\* If you're not working, you must submit monthly--write "Did Not Work" You can hand deliver or mail blue book (yellow sheet) to:

2679 Sierra Way Suite E  
La Verne, CA 91750

Enter the number of hours spent on each Work Process

Print the month

Print the year

Print your Trade

Training Period, No. _____		Month	LINE OUT CALENDAR DATES NOT INCLUDED IN THIS TRAINING PERIOD IN FIRST AND LAST MONTHS																												MONTH TOTAL				
ITEM	on-the job Training LIST OF WORK PROCESSES	DATE	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		
A	A- Layout, prep., mixing, apply materials	A	8														8									2									18
B	B- Repairs, patch, grout, & cleaning materials	B															8									6									14
C	C- Blueprint, measuring, marking & layout	C		4														8							2			8							25
D	D-Walls, showers, mortar float, ceilings, veneer	D		4																4					6			8			3			22	
E	E- Counters & sinks	E			2																4					8					5			19	
F	F- Floors-all types	F				6																6												12	
G	G- Mantels, hearths, domes & arches	G					6																						8					14	
STANDARD WORK WEEK		ON-JOB HRS.	8	8	8	6											8	8	8	8	6				8	8	8	8	8		8	8		124	
TOTAL HOURS RELATED INSTRUCTION		CLASS HRS.															8	8	8	8														40	
On-Job Supervisor of Apprentice to verify monthly record and initial. Make final comments and recommendation at end of this Training Period.		COMMENTS BY ON-JOB SUPERVISOR	MONTHLY RECORD CHECKED AND VERIFIED (SUPV. ALSO INITIAL RECORD BOOK)																																
DAS FORM 103 (REV. 3-89) 07 105345		John Smith	Supervisor <i>Steve Thomas</i> Your signature																																
DAS FORM 103-A		COMPLETED DAILY RECORD SHEET IS FOR EMPLOYER'S FILE	SIGNATURE OF APPRENTICE																																

Enter the total for the day

Print your name

Enter the number of hours YOU attended school

Your supervisor must sign

Sign your name

Total the hours across for each Work Process

Total On-Job Hrs. for the month

Total the number of school hrs. you attended

Bring your Apprentice Record Book (blue book) to every class for review by the Instructor or Union Official