

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					
Patch – grout – cleaning	A																																				
500																																					
Apply Mortar; Float/Flash/Fix Walls	B																																				
800																																					
Install Countertops; Pullmans; Backsplashes	C																																				
400																																					
Install Floor tile- Quarry, LFT, GPT, Base/Cove	D																																				
1,800																																					
Install wall tile- Glazed, LFT, GPT, Spaced	E																																				
1,800																																					
Ceiling Work	F																																				
200																																					
Jambs/Curb Work; Schluter Trim; Radius	G																																				
600																																					
Install/Float Gutters-Stairs-Domes-Arches	H																																				
200																																					
Float floors-Screeds;Grind/Fill; Fix Floors	I																																				
800																																					
Layout Work, Res./Com. expansion joints, ADA	J																																				
600																																					
Power tools – safety – MSDS	K																																				
200																																					
Clean-Up/Green Training (LEED)	L																																				
100																																					
<b>On Job Hours</b>																																					
<b>Class Hours</b>																																					

Total Hours On-Job Training **8,000**  
 Total Hours Related Instruction **144**

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: \_\_\_\_\_



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																																	
Cutting/Sanding/Polishing	C	500																																	
Scaffolding and Rigging	D	100																																	
Make Mud/Mix Mortar	E	600																																	
Patch- Grout- Cleaning- Waterproof	F	800																																	
Stone Handling	G	500																																	
Walls/Ceilings/Floors	H	300																																	
Counter Tops/Islands/Pullman	I	300																																	
Stairs/Columns/Arches	J	200																																	
Drill holes/Chisel Channels/Anchors	K	200																																	
Clean-up/Trash/Tools	L	100																																	
Green Training (LEED)	M	100																																	
<b>On Job Hours</b>																																			
<b>Class Hours</b>																																			

Total Hours On-Job Training 4,000  
Total Hours Related Instruction 144

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: \_\_\_\_\_

