

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

8 Hours Standard
Work Week

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: _____