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
Rough-in Comm. & Res.- Waterproofing	C 1,000																																	C
Make Mud/Mix Mortar	D 600																																	D
Patch- Grout- Cleaning	E 1,000																																	E
Floors	F 300																																	F
Walls/Ceilings	G 200																																	G
Countertops/Islands/Pullman/backsplash	H 100																																	H
Stairs/Columns/Arches	I 100																																	I
Epoxy/Furan/Single Component	J 200																																	J
Clean-up/Trash/Tools	K 100																																	K
Green Training (LEED)	L 100																																	L
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: _____