

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

Name of Joint Apprenticeship Committee: TMT - 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.

You can hand deliver or mail blue book (yellow sheet) to:

9730 E. Garvey Ave.  
So. El Monte, CA 91733

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					3		25	
D	D- Walls, showers, mortar float, ceilings, veneer	D		4																4				6			8							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	
H		H																																	
I		I																																	
J		J																																	
K		K																																	
L		L																																	
M		M																																	
STANDARD WORK WEEK		ON-JOB TRAINING	8	8	8	6											8	8	8	8	8				8	8	8	8	8						
TOTAL HOURS RELATED INSTRUCTION		CLASS HRS.																																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	John Smith																																
DAS FORM 103 (REV. 3-89) 07 105345		MONTHLY RECORD CHECKED AND VERIFIED (SUPV. ALSO INITIAL RECORD BOOK)	Supervisor <i>Steve Thomas</i>																																
		SIGNATURE OF ON-JOB SUPERVISOR	Your signature																																
		SIGNATURE OF APPRENTICE																																	
		APPR. TO POST COAL. FEEL FREE TO CONTACT THE DISTRICT OFFICE IN RECORD BOOK.																																	

Total the hours across for each Work Process

Total On-Job Hrs. for the month

Total the number of school hrs. you attended

Enter the total for the day

Print your name

Enter the number of hours YOU attended school

Your supervisor must sign

Sign your name

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

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Inside cover of blue book Apprentice to keep for their records.

Transfer total work hours from row A, B, C, D, E, F & G from yellow page

Print the month

Print the starting month

Print the ending month

Comments from supervisor

Add totals for each month

Supervisor signature

Print name of company

Print school hours for the month

Supervisor to initial each month

Total work hours for the 7 months

Total school hours

Name of instructor

Print name of school

Training Period, No. _____		MONTHLY PROGRESS RECORD								TRAINING REPORT			Period No. _____	
		Period, Starting <u>9/08</u> Ending <u>3/09</u>												
ITEM	on-the job Training	PROGRAM HOURS	RECORD OF HOURS COMPLETED—BY MONTHS							PERIOD TOTALS	PREV. RECORD	CUMUL. HOURS	ON-JOB SUPERVISOR'S COMMENTS ON TRAINING, INTEREST AND ATTITUDE. CHECK ITEMS THAT NEED TRAINING IMPROVEMENT.	NAME OF APPRENTICE
	LIST OF WORK PROCESSES		SEPT	OCT	NOV	DEC	JAN	FEB	MAR					
A	A- Layout, prep., mixing, apply materials		21	20	30	10	30	25	30				John is doing a great job, glad to have him working here with us.	
B	B- Repairs, patch, grout, & cleaning materials		16	20	10	10	16	10	16					
C	C- Blueprint, measuring, marking & layout		24	30	30	10	30	5	30					
D	D- Walls, showers, mortar float ceilings, veneer		30	30	30	10	30	10	30					
E	E- Counters & sinks		24	25	25	10	25	25	25					
F	F- Floors-all types		19	20	20	10	20	20	20					
G	G- Mantels, hearths, domes & arches													
H														
I														
J														
K														
L														
M														
			134	145	145	60	151	95	151	881				
STANDARD WORK WEEK			40						40	80				
ON-JOB SUPERVISOR'S INITIALS			S.T.	S.T.	S.T.	S.T.	S.T.	S.T.	S.T.					
On-Job Supervisor of Apprentice to verify monthly record and initial. Make final comments and recommendation at end of this Training Period.														
DAS FORM 103 (REV. 3-89) 07 105345														
INTEREST AND ATTITUDE														
NAME OF FIRM			Tile Company											
RELATED INSTRUCTION														
MONTHLY ATTENDANCE VERIFIED														
WORK BOOK OR STUDY ASSIGNMENT														
TEST DATE														
GRADE														
NAME OF INSTRUCTOR			Manuel Hurtado											
SCHOOL			So. El Monte											

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