

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 NCTI - 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 NCTI-JATC as the Apprenticeship Committee

Enter the number of
hours spent on each
Work Process

Print the month

Print the year

Print your Trade

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:

15091 Wicks Blvd.
San Leandro, CA 94577

Training Period, No. _____

Month Sept. Year 2008 Trade Tile Layer

APPRENTICE DAILY RECORD

ITEM	on-the job Training	PROGRAM HOURS	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	MONTH TOTAL
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									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 HRS.	8	8	8	6											8	8	8	8	6			8	8	8	8	8		8	8		124	
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.

DAS FORM 103 (REV. 3-89)
07 103345

INITIALS

COMMENTS BY ON-JOB SUPERVISOR

MONTHLY RECORD CHECKED AND VERIFIED (SUPV. ALSO INITIAL RECORD BOOK)

Supervisor Steve Thomas

Signature of On-Job Supervisor

Your signature

Signature of Apprentice

COMPLETED DAILY RECORD SHEET IS FOR EMPLOYER'S FILE

APPR. TO POST COM. PREPENDING MONTH 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

ALL APPRENTICES MUST TURN IN A BLUE BOOK FOR EACH MONTH

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 your 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

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

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 LIST OF WORK PROCESSES	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.
			SEPT	OCT	NOV	DEC	JAN	FEB	MAR				
A	A- Layout, prep., mixing, apply materials		21	20	30	10	30	25	30				A
B	B- Repairs, patch, grout, & cleaning materials		16	20	10	10	16	10	16				B
C	C- Blueprint, measuring, marking & layout		24	30	30	10	30	5	30				C
D	D- Walls, showers, mortar float, ceilings, veneer		30	30	30	10	30	10	30				D
E	E- Counters & sinks		24	25	25	10	25	25	25				E
F	F- Floors-all types		19	20	20	10	20	20	20				F
G	G- Mantels, hearths, domes & arches												G
H													H
I													I
J													J
K													K
L													L
M													M
STANDARD WORK WEEK			134	145	145	60	151	95	151	881			
TOTAL HOURS RELATED INSTRUCTION			40						40	80			
On-Job Supervisor of Apprentice to verify monthly record and initial. Make final comments and recommendation at end of this Training Period.			INITIALS S.T.	S.T.	S.T.	S.T.	S.T.	S.T.	S.T.				
13AS FORM 103 (REV. 3-87) 07/105345													

APPR. TO COPY FROM
PLEASE "CUMUL."
HOURS" IN BLOCK ON
REVERSE SIDE
DETACH ON THIS LINE

WORK BOOK OR STUDY ASSIGNMENT

TEST DATE

GRADE

INTEREST AND ATTITUDE

NAME OF FIRM
Tile Company

RELATED INSTRUCTION

MONTHLY ATTENDANCE VERIFIED

ON-JOB SUPERVISOR
Steve Thomas

ADVANCEMENT RECOMMENDED: YES ☐ NO ☐

NAME OF INSTRUCTOR
Lupe Ortiz

SCHOOL
Hayward