COSMETOLOGY APPRENTICE TIME SHEET

NAME OF APPRENTICE: ____________________ SUPERVISOR: ____________________

APPRENTICE LICENSE NUMBER: ____________________ CURRENT MONTH END DATE: ____________________

HOURS REQUIRED	140	50	40	80	100	300	400	150	50	50	120	200	500	200	50	140	40	40	50	50	40	410		TOTALS	
___ _______ MONTH DAY - DATE	BLOWDRYING	SCALP TREATMENT	EXTENTIONS & NAIL WRAPS	SKIN, FACIALS, ARCHING, & MAKEUP	FINGER WAVING	HAIR COLORING	HAIRCUTTING	MANICURING	PEDICURING	SHAMPOO & RINSE	SKIPWAVING	THERMAL STRAIGHT/CURL/ MARCELLING	PERMANENT WAVE/ CHEM. STRAIGHTENING	WET HAIRDRESSING	WIGS & HAIRPIECES	MISCELLANEOUS / Practical & Tech Inst.	MODELING	SALON MANAGEMENT	DISPENSARY	RECEPTION DESK	NEVADA LAW & REGULATIONS	THEORY	**LUNCH**	**DAILY TOTALS**	**INITIALS**
MON [/ /]																									
TUES [/ /]																									
WED [/ /]																									
THURS [/ /]																									
FRI [/ /]																									
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FRI [/ /]																									
SAT [/ /]																									
TOTALS FOR THIS MONTH:																									
LAST MONTH Y-to-D:																									
TOTAL HOURS TO DATE:																									

____________________ APPRENTICE SIGNATURE

____________________ SUPERVISOR SIGNATURE