HAIR DESIGN APPRENTICE TIME SHEET

APPRENTICE: ______________________________ SUPERVISOR: ______________________________

APPRENTICE LICENSE NUMBER: ______________________________ CURRENT MONTH END DATE: ______________________________

HOURS REQUIRED	100	35	85	300	300	50	200	300	100	35	40	50	35	40	30	300	TOTALS	
____ MONTH DAY - DATE	BLOWDRYING	SCALP TREATMENT	FINGER WAVING	HAIR COLORING	HAIRCUTTING	SHAMPOO & RINSE	THERMAL STRAIGHT/CURL/ MARCELLING	PERMANENT WAVE/ CHEM. STRAIGHTENING	WET HAIRDRESSING	WIGS & HAIRPIECES	MODELING	SALON MANAGEMENT	DISPENSARY	RECEPTION DESK	NEVADA LAW & REGULATIONS	THEORY	DAILY TOTALS	INITIALS
MON [/ /]																		
TUES [/ /]																		
WED [/ /]																		
THURS [/ /]																		
FRI [/ /]																		
SAT [/ /]																		
MON [/ /]																		
TUES [/ /]																		
WED [/ /]																		
THURS [/ /]																		
FRI [/ /]																		
SAT [/ /]																		
MON [/ /]																		
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MON [/ /]																		
TUES [/ /]																		
WED [/ /]																		
THURS [/ /]																		
FRI [/ /]																		
SAT [/ /]																		
TOTALS FOR THIS MONTH:																		
LAST MONTH Y-to-D:																		
TOTAL HOURS TO DATE:																		

______________________________ APPRENTICE SIGNATURE

______________________________ SUPERVISOR SIGNATURE