



APPRENTICE — Training and Related Instruction **RECORD BOOK**

All apprentices are required to keep their Record Book current. All Record Books shall be signed and dated by the apprentice. An apprentice card will not be renewed if the apprentice fails to comply with these requirements.

ATTENTION

All apprentices who are hired by a sponsor and then leave to go to another sponsor must call and notify the Rhode Island State Apprenticeship Office at (401) 462-8580 and re-register with a new agreement with the new sponsor, or all of their on-the-job training (OJT) hours will not be counted towards their apprenticeship time.

APPRENTICE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

High School: _____

RISAC - Approved Apprenticeship Training Program Title: _____

Terms of Apprenticeship: _____ Years / _____ Hours Credit for Previous Experience (if any): _____ Hours

Starting Date of Apprenticeship: _____ Date of Approval by SAC as per agreement: _____

Signature of Apprentice: _____

Signature of Parent/Guardian: _____
(if apprentice is a minor)

Signature of Official of Sponsoring Firm: _____

Sponsoring Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To the Apprentice

This is your Record Book for keeping two (2) important sets of records:

1.) **TRAINING HOURS** — the hours your spend each day on-the-job, in each specific Work Process contained in your Apprenticeship Training Program that has been approved by the State Apprenticeship Council.

2.) **RELATED INSTRUCTION HOURS** — the hours you spend, over the course of the year, receiving classroom Related Instruction - either at your place of work, at an educational institution, at an industry-sponsored event or even through individual tutoring or correspondence courses (such methods of obtaining Related Instruction having first been submitted to and approved by the State Apprenticeship Council).

BOTH SETS OF RECORDS are important and shall be maintained, in a mutually responsible manner, through a joint effort on the part of the Sponsor of the Apprentice.

Remember: the integrity of these records is what determines final successful completion of an individual Apprenticeship Training Program and the ultimate awarding of JOURNEY PERSON status and the Certificate of Completion by the Rhode Island State Apprenticeship Council.

Instructions

The purpose of this Record Book is to provide each Apprentice with a handy and easy method of keeping track of the hours spent on-the-job training and the hours spent in related instruction time.

Think of this book as a diary, or as a daily history of your own personal progress. As an Apprentice, you have a goal to reach. That goal is to become an experienced, skilled person in the occupational career you have chosen.

Your occupation's Training Program is a combination of several "Work Processes". Each Work Process has been assigned a certain number of approximate hours - the amount of time that it should take an Apprentice to master that particular activity or "Work Process".

It is therefore important that the Apprentice keep an accurate record of the time spend in each activity. This record book is used to document to the SAC that you have spend the time and have mastered the required skills of the trade.

You shall keep an exact record of the hours your spend in receiving classroom of Related Instruction. The general rule is: for every year (2,000 hour) of your Training Program you are to receive approximately 144 hours of Related Instruction.

THIS IS HOW TO KEEP AN ACCURATE RECORD OF YOUR TIME...

2.

THREE EASY STEPS:

STEP 1

Fill in the Apprenticeship Training Program OUTLINE. The OUTLINE is on page 7 of this Record Book. You will notice it has two main sections:

- (1) Work Processes
- and
- (2) Related Instruction

A.) In the WORK PROCESSES section, there are lines that being with "A", "B", "C", etc. You are to fill in these lines with the main headings or captions marked "A", "B", "C", etc. on your Apprenticeship Training Program pages. This will provide you with an outline, a quick summary, of your training program.

As you fill in each "Work Process" heading, you should also fill in the number of hours that have been assigned to each "Work Process". Place that number under the column: Hours of Training. (Note: If you have been given a credit for previous experience, place that number of hours credited to your under the column: Hours of Credit. Your Apprenticeship Agreement will state whether you have or have not been given credit for previous experience).

Alongside "Total" in this section, fill in the total number of hours for your complete Apprenticeship Training Program (under column: Hours of Training), and fill in the total number of credited hours - if any (under column: Hours of Credit).

Once you have done all of the above, you will have a complete OUTLINE of your program, an overall summary and quick reference of your required on-the-job training.

B.) In the "RELATED INSTRUCTION" section, you are reminded that every Apprentice is to receive approximately 144 hours of Related Instruction for every 2,000 hours of on-the-job training. This is a minimum requirement.

3.

You are, therefore, to fill in the number of Hours of Related Instruction required in your specific Apprenticeship Training Program. Multiply 144 by the number of years of your program. A "year" in an apprenticeship program is calculated to be 2,000 hours. As an example, if your Program is an 8,000-hour program, it is considered to be a "4-year program. Four time 144 equals 576 Hours of Related Instruction.

Note: An apprentice enrolled under the services of the Apprenticeship-School-Linkage Project is a high school senior still attending classes. Because the Apprenticeship is still in school receiving instruction, 144 hours of Related Instruction is credited against the total hours required in the Program. This applies and pertains only to the first year of such an apprenticeship.

Once you have calculated the number of Related Instruction hours required in your program, fill in that number under columns: Hours of Instruction. If you have been credited hours, fill in the number of hours under column, **Hours of Credit**.

You now have completed the First Step. You have filled in the Apprenticeship Training Program OUTLINE page.

Step 2

Fill in the MONTHLY CHARTS: day by day, work process by work process.

The monthly charts begin on page 8 of this Record Book.

Here's How it is to be Done:

1. On the first page of the Monthly Chards, fill in your name, the actual month and year.

4.

2. The extreme left column, "DAY", has numbers representing each day of the month. Start your first monthly chards on the day on which your Apprenticeship Training Program started. (Consult the Agreement for the exact day.)

3. Under the heading, " Hours Works on each type of Work Process", you will see the designations "A", "B", "C", etc. You are to fill the time (number of hours) your spend in any of the designations during any single day. For example, You may have spend 2 hours under "A", 1 hour under "C" and 2 hours under "E" on the 10th day of the month. You m simply put on line No. 10 , 2 in the column "A", 1 in the square under column "C" and 3 in the square under column "E".

Then, still on line No. 10, you fill in 6 under the column Daily Total. This represents the total hours spend that day working on various Work Processes. Note: Some days, you may work all day on only one work process.

4. Have your foreman (immediate supervisor or Training instructor) initial and check your chart notations on either a daily, weekly or monthly basis - whichever is a convenient or established procedure at your job site.

5. At the end of each month, add up all the hours for every day of each of the "A", "B", "C", etc. column designations. Fill in each total in the bottom squares: Monthly Totals.

6. At the end of the month, return this Record Book to your foreman who will then grade your progress.

7. When starting a new Monthly Chart, be certain to carry over each "A", "B", "C", etc. Monthly Total from the previous month. Fill in these carryover totals in the square marked **Hours Brought Forward**.

NOTE: Be certain to add these carry over totals to the new Monthly Totals as your finish each month. In this way, you will be keeping a funning record of the hours of training for each Work Process. As each month goes by, you will know exactly how many hours you have put in and how many hours you have to go in any particular Work Process.

5.

Step 3

Fill in the Related Instruction Record Chart inside the back cover of this record book.

1. Study the Chart, so that you will understand it.

a. The extreme left column lists the various types of Related Instruction you may be taking or receiving. Five types are listed, with an additional space for a type which might be different, or "Other".

b. The next column asks you to fill in the number of hours of this instruction.

c. The next column asks you to fill in the month and year you took or received a specific type of instruction.

d. The next column asks you to fill in the number of hours of this instruction.

e. The last column, which asks for the signature of an Employer, Supervisor or Instructor, requires that one of these verifies or authenticates the facts and numbers you filled in the other columns.

f. At the bottom of the column, "Number of Hours", add all the hour of instruction your received during the period of the year represented by the Record Book. Remember, you are to have a separate Record Book for each year (2,000 hours) of your Apprenticeship Training Program.

6.

Apprenticeship Training Program — **OUTLINE**

(1) Work Process

Approximate Hours

Hours of Credit

Hours of Training

A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____
F. _____	_____	_____
G. _____	_____	_____
H. _____	_____	_____
I. _____	_____	_____
J. _____	_____	_____
K. _____	_____	_____
L. _____	_____	_____
M. _____	_____	_____
N. _____	_____	_____
O. _____	_____	_____

TOTAL: _____

(2) Related Instruction

Hours of Credit

Hours of Training

Each Apprentice is required to receive 144 hours of Related Instruction for each 2,000 hours of On-the-Job Training established in an Apprenticeship Training Program.

TOTAL: _____

7.

Name: _____

Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent

G - Good

F - Fair

U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____

Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Name: _____
 Month: _____ Year: _____

Day Hours Brought Forward	Hours Worked on Each Type of Operation															Daily Totals	Foreman's Initials
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
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																	
Monthly Totals																	

Code: E - Excellent G - Good F - Fair U - Unsatisfactory

Shop Work Grade This Month: _____

Foreman: _____

Related Instruction Record

Each apprentice is required to obtain approximately 144 hours of related instruction for each year (2,000 hours) of an Apprenticeship Training Program. This requirement is to be properly documented, recorded, and authenticated — direct responsibilities of the apprentice and his/her designated supervisor.

Check type of related instruction, fill the rest of the fields and have it signed by your employer, supervisor or instructor.

Type of Related Instruction Received:	Month(s) Year	Number of Hours	Signature of authentication by Employer, Supervisor or Instructor
<input type="checkbox"/> Vocational, Trade, or Technical Professional School Course	_____	_____	_____
<input type="checkbox"/> Junior College/College Course	_____	_____	_____
<input type="checkbox"/> In-Plant, Job Site Instruction by Employer	_____	_____	_____
<input type="checkbox"/> Seminars/Workshops run by Industry, Associations, and Organizations	_____	_____	_____
<input type="checkbox"/> Correspondence Course(s)	_____	_____	_____
<input type="checkbox"/> Other: Specify: _____	_____	_____	_____
TOTAL HOURS:		_____	

Note: Transcripts of grades, copies of diplomas and /or certification of attendance or completion, etc., for courses and instruction received by the Apprentice should be retained and presented as supporting evidence and documentation for the fulfillment of the **Relate Instruction** requirement of all Apprenticeship Training Programs.

DO NOT CONFUSE **Hours of on-the-job training** with **Hours of Related Instruction**. **BOTH** of these requirements are to be **completed**; both must be **documented, recorded, and authenticated** --- in order and before an Apprentice may be awarded the SAC/BAT Certification of Completion (Journeyperson's Paper).