

Michigan Department of Licensing and Regulatory Affairs  
 Corporations, Securities & Commercial Licensing Bureau  
 Licensing Division  
 COSMETOLOGY  
 P.O. Box 30244, Lansing, MI 48909  
 517-241-9288  
 www.michigan.gov/cosmetology

## APPRENTICE TIME REPORTING SHEET

AUTHORITY: P.A. 299 OF 1980.  
 PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION  
 AND/OR DISCIPLINARY ACTION.

**Instructions:**

1. Complete one apprentice time reporting sheet for each calendar month. Do not indicate hours for two months on one sheet.
2. Submit the form before the 10th of each month to the address above.
3. **An apprentice shall be in attendance not more than 7 hours per day or not more than 40 hours per week. An apprentice shall be in training throughout the entire program and shall have received an average of not less than 80 hours of instruction per month.**
4. Copy form to use for each month of the program.
5. Rule 338.2136 requires the practitioner to maintain the apprenticeship records for not less than 7 years after the last date of attendance.

PRACTITIONER AND SHOP INFORMATION			
Practitioner Name		Practitioner License Number <b>27-0</b>	
Shop Name (As appears on shop license)		Shop License Number <b>27-06</b>	
Street Address	City	State	ZIP
Telephone Number		E-Mail Address	
APPRENTICE INFORMATION			
Apprentice Name		Apprentice's Registration Number	
Reporting for the Month of		Year	

Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
							Total for Week 1 _____	<div style="background-color: black; color: white; padding: 2px; font-size: 8px; font-weight: bold;">FOR OFFICE USE ONLY</div> <div style="border: 1px solid black; height: 100%; width: 100%;"></div>
							Total for Week 2 _____	
							Total for Week 3 _____	
							Total for Week 4 _____	
							Total for Week 5 _____	
Total for Month _____								

We hereby certify that the information reported herein reflects the true hours of the apprentice. We understand that any false information may result in the termination of this apprenticeship program and disqualification from all future programs or disciplinary action may be taken.

\_\_\_\_\_  
 Practitioner Signature Date Apprentice Signature Date