

**Industry Recognized Apprenticeship Program
Apprenticeship Log**

Apprentice Name:		Last 4 of Digits of SSN:	
Job Title:			
Employer:			
Address:			

1st Reimbursement to Employer

Payroll Period					Cumulative	
Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hours Worked*	Wages Paid*	Reimbursement Wage	Total Hours	Total Reimbursement Wage

Date Paid: _____ Amount Paid: _____ Staff Signature & Date: _____

2nd Reimbursement to Employer

Payroll Period					Cumulative	
Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hours Worked*	Wages Paid*	Reimbursement Wage	Total Hours	Total Reimbursement Wage

Date Paid: _____ Amount Paid: _____ Staff Signature & Date: _____

3rd Reimbursement to Employer

Payroll Period					Cumulative	
Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hours Worked*	Wages Paid*	Reimbursement Wage	Total Hours	Total Reimbursement Wage

Date Paid: _____ Amount Paid: _____ Staff Signature & Date: _____

4th Reimbursement to Employer

Payroll Period					Cumulative	
Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hours Worked*	Wages Paid*	Reimbursement Wage	Total Hours	Total Reimbursement Wage

Date Paid: _____ Amount Paid: _____ Staff Signature & Date: _____

5th Reimbursement to Employer

Payroll Period					Cumulative	
Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hours Worked*	Wages Paid*	Reimbursement Wage	Total Hours	Total Reimbursement Wage

Date Paid: _____ Amount Paid: _____ Staff Signature & Date: _____

** The Community College must maintain appropriate backup documentation to document hours worked and wages paid to the apprentice.*