

Apprentice Name _____

APPRENTICE WORK SCHEDULE

Month _____ Year _____

DATE	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	Total	
# of Hours Worked																																	
Answered telephone inquiries																																	
Removed & disinfected body																																	
Bathed & creamed face																																	
Posed body/features																																	
Mixed fluids																																	
Injected fluids																																	
Hypodermic treatment																																	
Prepared autopsied body																																	
Sutured incisions																																	
Trocar cavity treatment																																	
Applied cosmetics																																	
Restorative Art treatment																																	
Attended funeral service																																	
Care of equipment/premises																																	
Prepared death certificate																																	
Obtained physician signatures & permits																																	
Arrangements with family/clergy																																	
Correspondence, records, bookkeeping																																	
Prepared newspaper notices																																	
Dressed & Casketed																																	
Funeral procession arrangement																																	
Received visitors																																	
Checked/arranged flowers																																	
Chapel arrangements																																	
Observed/sold funeral service																																	
Transported survivors/clergy																																	
Conducted funeral service																																	

- **Instructions:**
1. For “# of Hours Worked,” write the total number of hours worked on each day below the date, and then insert the grand total for the entire month in the “Total” column.
 2. For the rest of the form, simple check mark (✓) each activity completed on each day of the month. If you complete the same task more than once on a given day, place a check mark for each time you complete the task. Count the total check marks and insert that total for the entire month in the “Total” column.

Example:

Mixed fluids	✓			✓				✓	✓					✓						✓	✓												13
	✓																																

The Foregoing is Certified as Correct:

Apprentice Signature _____ Funeral Establishment _____ Preceptor _____

Preceptor Signature _____ Licensee-In-Charge Signature (if different than Preceptor) _____ (Seal)

Sworn to and subscribed before me this the _____ day of _____ of _____. My Commission expires _____ Notary Public _____