

# WEST VIRGINIA BOARD OF BARBERS AND COSMETOLOGISTS

## BARBER APPRENTICE MONTHLY HOURS FORM

**Send to:**  
 1201 Dunbar Ave,  
 Dunbar, WV 25064  
 Or  
[Charlie.e.persinger@wv.gov](mailto:Charlie.e.persinger@wv.gov)

This form must be submitted to the Board every month by the 10<sup>th</sup> of the following month (i.e. the apprentice's hours for January are submitted to the Board by February 10<sup>th</sup>).

**MONTH:** \_\_\_\_\_

**APPRENTICE NAME:** \_\_\_\_\_ **APPRENTICE SSN #:** \_\_\_\_\_

**BARBER NAME:** \_\_\_\_\_ **BARBER SHOP NAME:** \_\_\_\_\_

| Day of Month | Start Time | Finish Time | Hours Earned | Chapter Studied | Hours of Theory | Hours of Practical |
|--------------|------------|-------------|--------------|-----------------|-----------------|--------------------|
| 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 Monthly Hours: \_\_\_\_\_

Barber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Apprentice Signature: \_\_\_\_\_ Date: \_\_\_\_\_