



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Appearance Enhancement
P.O. BOX 22049
Albany, NY 12201-2049
Customer Service: (518) 474-4429
www.dos.ny.gov

Nail Specialty Trainee Time Record

NAME LAST	FIRST	M.I.	UNIQUE ID NUMBER
HOME ADDRESS			
CITY	STATE	ZIP+4	
PERIOD COVERED	From _____ 20 _____	To _____ 20 _____	

IMPORTANT - DO NOT LOSE THIS RECORD.

- ➔ During your traineeship, you should maintain a log setting forth the hours worked and the name of the person who supervised you during this period of time. This will protect you and establish that you worked as a Nail Specialty Trainee for one year.
- ➔ Record the number of hours worked each day on page 2 of this form.
- ➔ Show this form to the State Investigator when asked to do so.
- ➔ If you leave a shop or when you finish your traineeship, fill out the information in the "Record of Employment" section below.

If you need additional sheets, you may photocopy this form as many times as needed.

RECORD OF EMPLOYMENT

Name of Shop	Address	From	To

