

APPRENTICE CHANGE IN STATUS

Employer/Sponsor: _____ Town/City: _____

Apprentice: _____ Occupation: _____

COMPLETE ALL PARTS OF THE APPROPRIATE SECTION BELOW:

CANCELLATION (use this category for lay-off with no call-back date)

- A. The above apprentice's registration should be canceled effective _____ which is the last date for which a breakdown of hours was entered on the master record card. A total of _____ hours of on-the-job training were recorded as of that date. *** This status change must be accompanied by an affidavit with breakdown of OJT hours.*
- B. The final wage was _____ per hour.
- C. The reason for cancellation is: _____

Comments: _____

SUSPENSION (use this category for lay-off with an expected return date)

- A. The above apprentice was suspended on _____. The suspension ended on _____.
- B. The suspension was requested by _____.
- C. The reason for suspension is: _____

Comments: _____

COMPLETION

The requirements for completion are detailed in the approved Standards of Apprenticeship.

PART I - OJT HOURS/COMPETENCIES.

The occupation the apprentice was training for requires _____ hours/competencies of on-the-job training.

The apprentice has recorded a total of _____ hours/competencies of on-the-job training in the occupation (including any hours that were granted for previous OJT experience in the apprenticeship agreement). The completed master record card must be submitted with this form.

PART II - RELATED INSTRUCTION.

The apprentice has completed the required coursework/related training in the occupation.

My signature below signifies that, as of _____, the above named apprentice has met the two part requirement for completion of their apprenticeship training program. I understand that proof of completion of hours/competencies and for related instruction is required to be submitted along with this form, or attached to the apprentice's record in RAPIDS.

The apprentice's completion wage is: _____.

EMPLOYER SIGNATURE

DATE: _____