

APPRENTICE BUCK SLIP

REQUEST OR REPORT CHANGES TO PROGRAM

INDICATE BELOW WHICH APPRENTICESHIP PROGRAM YOU ARE REGISTERED IN:

ABC APPRENTICESHIP PROGRAMS <input type="checkbox"/> HVAC PROGRAM <input type="checkbox"/> SHEET METAL PROGRAM <input type="checkbox"/> SPRINKLER FITTER PROGRAM	IEC APPRENTICESHIP PROGRAMS <input type="checkbox"/> LIMITED ENERGY CLASS A <input type="checkbox"/> LIMITED ENERGY CLASS B <input type="checkbox"/> AREA II INSIDE ELECTRICAL (SALEM)
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APPRENTICE NAME: _____
 (please print)

CHANGE OF PERSONAL INFORMATION: (only fill out if your current information is changing)

Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____

CHANGE OF EMPLOYMENT STATUS:

Previous Employer: _____ Date Terminated: _____
 New Employer: _____ Date Hired: _____

RELATED TRAINING:

Unable to attend class: _____ Term: _____
 Reason: _____
 I have requested a make-up assignment for the class assignment I missed and instructor approved request
 Instructor signature: _____ Date: _____

REQUEST FOR COMMITTEE REVIEW:

CREDIT FOR PRIOR EXPERIENCE: (Must attend committee meeting) _____ ON-THE-JOB TRAINING HOURS _____ RELATED TRAINING CLASSES _____
 RE-RATE FROM: _____ TO: _____ REFERRED TO TEST (HVAC, LEA, LEB, INSIDE ELECTRICAL)
 PROGRAM COMPLETION LEAVE OF ABSENCE/SUSPENSION: FROM: _____ TO: _____
 Other: (explain) _____

PROGRAM WITHDRAWAL REQUEST:

Moving Left Trade Transfer to different program Family/Personal/Financial Illness/Disability
 Other: (explain) _____
 Dissatisfied with apprenticeship program/training (explain): _____
 I request cancellation/withdrawal of my agreement from program effective as of: _____

SIGNATURE REQUIRED

APPRENTICE SIGNATURE: _____ DATE: _____

SUBMIT BY FAX OR MAIL

ABC Apprenticeship
 ABC Phone #: 503-598-0522
 ABC Fax #: 503-598-0391

ABC/IEC Apprenticeship Department
 8625 SW Cascade Ave. Suite 100
 Beaverton, OR 97008

IEC Apprenticeship
 IEC Phone #: 503-598-7789
 IEC Fax #: 503-598-1192