

SUSPENSION REQUEST

NAME OF PROGRAM

Class A Technician

Class B Technician

I, _____ as a registered apprentice, request to be suspended from my duties as an apprentice for:

3 Months

6 Months

9 Months

12 Months

Suspension to begin on: _____ and ends on: _____

My reason for a suspension is _____

Initial

_____ I understand that if such Suspension or Extension thereof is granted, I am not entitled to credit for apprenticeship during the period of Suspension or any Extension thereof; also, that any extension of this suspension must be approved by the Program, the aggregate not to exceed 12 months.

_____ I understand that my apprenticeship card and electrical license will have to accompany this request

_____ I understand that my employer will be notified of this suspension and will not be able to assign me to any job function that requires an apprenticeship card.

Name of Current Employer : _____

_____ I understand that upon the termination of my suspension, or any extension thereof, I am to report to the Program the fact that I have resumed my duties as an apprentice. I am aware that my failure to so report within 10 days after the expiration date of my leave of absence shall be cause for the cancellation of my apprenticeship agreement.

Required Signatures

Student Signature: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

For Office Use Only

APPROVED

DENIED

Suspension Begins On: _____

Suspension Ends On: _____

**Attach Your Apprenticeship Card
& Electrical License
Here**