

APPRENTICE-CHANGE IN STATUS

COMPLETE AND RETURN WITHIN 2 WEEKS OF APPRENTICE CHANGE OF STATUS

Sponsor: _____ Address: _____

Apprentice: _____ Date Registered: _____

COMPLETE ALL PARTS OF THE APPROPRIATE SECTION BELOW:

I. LAY-OFF:

- A. The above apprentice was laid-off on _____ because of _____.
B. The sponsor hopes to call the apprentice back to work by _____.
C. Since the registration date shown above, the apprentice has completed _____ hours of on-the-job training with the sponsor and _____ hours of related instruction. (Attach documentation, on-the-job training hours identified by work process category.)

II. CANCELLATION/TERMINATION:

- A. The above apprentice should be cancelled from the sponsor's apprenticeship program effective _____.
B. The reason for cancellation is:
[] The apprentice voluntarily left employment (current location, if known) _____.
[] The sponsor terminated the apprentice's employment because (be specific): _____.
[] Other (please explain) _____.
C. Since the registration date shown above, the apprentice has completed _____ hours of on-the-job training with the sponsor and _____ hours of related instruction. (Attach documentation, on-the-job training hours identified by work process category.)

III. COMPLETION (Once verified, a Completion Certificate will be issued.)

- A. The above apprentice completed his or her apprenticeship on _____.
B. Since the registration date shown above, the apprentice has received _____ hours of on-the-job training with the sponsor. DOCUMENTATION MUST BE ATTACHED.

Signature of Sponsor

Date

SEND TO: Cynthia Flynn
NH Department of Labor
95 Pleasant St.
Concord, NH 03301