

Vermont Department of Labor
Apprenticeship Division

APPRENTICE CHANGE IN STATUS

Sponsor: _____ Telephone No.: _____

Apprentice: _____ Date Registered: _____

Social Security Number: _____

COMPLETE ALL PARTS OF THE APPROPRIATE SECTION BELOW:

I. LAYOFF

- A. The above apprentice was laid-off on _____ because of _____
_____.
- B. The sponsor intends to call the apprentice back to work on, or about, _____.

II. CANCELLATION / TERMINATION

- A. The above apprentice should be canceled from the sponsor's apprenticeship program effective _____, which is the last date for which a breakdown of hours was entered on the master record card. A total of _____ on-the-job training hours were recorded as of that date.
- B. The reason for cancellation is:
- the apprentice voluntarily left employment on _____
Last Date Worked
 - the apprentice wishes to cancel the apprenticeship effective _____ but will remain employed.
Date
 - the sponsor canceled the apprentice's registration on _____ but continues to employ
the individual.
Date
 - the sponsor terminated the apprentice's employment on _____
Date

Reason for termination / cancellation: _____

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

- A. The above apprentice completed his/her apprenticeship on _____.
- B. As of that date, the apprentice had recorded a total of _____ on-the-job training hours in the trade.
- C. As of that date, the wage was _____.

IV. At this time, the above program remains active or, is inactive .

Signature of Sponsor: _____ Date: _____

Field Representative: _____ Date: _____