

Assigned Committee

Apprentice Name: _____ Employer: _____

Please complete and return this form to the Apprenticeship Committee no later than ten (10) business days prior to the meeting you wish to have your request reviewed. This will allow for evaluations to be submitted and received by your employer and instructor. Any requests received beyond the deadline must have committee authorization to be reviewed or the request will be moved the next regularly scheduled committee meeting

I am requesting the following action

I am currently at the following wage percentage

I am requesting a wage advancement to the following percentage

DATE

My First Aid/CPR expires on

DATE

My License expires on:

Apprentice Comments:

Apprentice Signature: _____

Date: _____