

## 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