

Apprentice Cancellation APPRENTICESHIP

Please notify the Apprenticeship Office within 45 days of an apprentice leaving your program using this form. RAPIDS users please cancel the apprentice online and upload a scan of this document. Retain a copy with your records, and provide a copy to the canceled apprentice.

APPRENTICE TO BE CANCELED								
		Middle Name	Last	Last name				Suffix
Occupation				Apprentice Card Number				
On-the-Job Hours Completed within your program (OJL)				Date of Cancellation month/day/year		Wage Immediately Prior to Cancellation \$ / hour		
Was tl	ne apprentice canceled	YES Proba	ationary Ca	ancel	NO			
Reason for Cancellation: Please check the reason that best describes the reason for Cancellation or write in a reason.				Did apprentice earn college credits or a degree as part of the apprenticeship?				
A.	left to accept related employment			No college credits earned				
В.	left to accept other employment			College credits earned, No degree				
C.	entered military service			Associate's Degree				
D.	transferred to another program			Bachelor's Degree				
E.	lack of work			Graduate Degree				
F.	unsatisfactory performance			Credentials Earned. List certifications, licenses, or other industry-recognized credentials earned by the apprentice as part of their apprenticeship, or check box for None				
G.	not attending related instruction							
н.	voluntary quit							
۱.	illness/ medical reasons							
J.	apprenticeship program discontinued by sponsor							
К.	apprenticeship program canceled by Registration Agency							
L.	other reason							
SPONSOR								
Name of Sponsor (Company Name)								
Signature of Sponsor's Representative								
FOR OFFICE USE ONLY								
				cel date written on RAPIDS eement in File		(Grant Re	port
dlt.apprenticeship@dlt.ri.gov 401 462 8526 Updated February 2020								