



APPRENTICE CANCELLATION

Rhode Island Department of Labor and Training, Apprenticeship Office

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				
First Name	Middle Name	Last name	Suffix	
Occupation		Apprentice Card Number		
On-the-Job Hours Completed within your program (OJL)	Instruction Hours Completed	Date of Cancellation <i>month/day/year</i>	Wage Immediately Prior to Cancellation \$ /hour	
Was the apprentice canceled within the probationary period?		YES Probationary Cancel	NO	
Reason for Cancellation: Please check the reason that best describes the reason for Cancellation or write in a reason. A. left to accept related employment B. left to accept other employment C. entered military service D. transferred to another program E. lack of work F. unsatisfactory performance G. not attending related instruction H. voluntary quit I. illness/ medical reasons J. apprenticeship program discontinued by sponsor K. apprenticeship program canceled by Registration Agency L. other reason		Did apprentice earn college credits or a degree as part of the apprenticeship? No college credits earned College credits earned, No degree Associate's Degree Bachelor's Degree Graduate Degree Credentials Earned. List certifications, licenses, or other industry-recognized credentials earned by the apprentice as part of their apprenticeship, or check box for None		
SPONSOR				
Name of Sponsor (Company Name)				
Signature of Sponsor's Representative				
FOR OFFICE USE ONLY				
Complete information received	Removed from Ratio Sheet	Cancel date written on Agreement in File	RAPIDS	Grant Report