

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

<p>Reason for Cancellation: Please check the reason that best describes the reason for cancellation.</p> <ul style="list-style-type: none"> A. discharged / released B. left to accept related employment C. left to accept other employment D. unsatisfactory performance E. lack of work F. entered military service G. transferred to another program H. illness/ medical reasons/ death I. apprenticeship program discontinued by sponsor J. apprenticeship program canceled by DLT K. voluntary quit L. retired / resigned M. not attending related instruction 	<p>Did apprentice earn college credits or a degree as part of the apprenticeship?</p> <ul style="list-style-type: none"> No college credits earned College credits earned, No degree Associate’s Degree Bachelor’s Degree Graduate Degree <p>Credentials Earned. List certifications, licenses, or other industry-recognized credentials earned by the apprentice as part of their apprenticeship, or check box for <input type="checkbox"/> None</p>
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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
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