

Apprenticeship Class Change Request

To request a class change please complete this form. You may mail, fax or email it to: WECA, 3695 Bleckely Street, Rancho Cordova CA 95655; fax: 916-452-7011; email: mshiel@goweca.com. Your request will be reviewed, and a decision will be made to approve or deny within 7 days. Please attach any information needed to support your request.

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|---|---|--------------------------------------|------------------------------|----------------------------|----------------------------|
| Apprentice Name | | | Apprentice ID # | | |
| Program (check one) | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | <input type="checkbox"/> VDV | | |
| Class Year (check one) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Contractor Name and Phone Number | | | | | |
| Current Class Dates and Location | / /20 | to | / /20 | Sacramento | Riverside San Diego |
| Form Completed By: | | | Phone #: | | |
| Contractor is Responsible to make sure student is aware of class change. | Has student been notified of Class Change? | | YES | NO | |
| Reason for Request | | | | | |
| <input type="checkbox"/> Preplanned Event/Contractor Hardship <input type="checkbox"/> Documentation Attached | | | | | |
| Explain: | | | | | |
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| <input type="checkbox"/> Childbirth/Child Adoption <input type="checkbox"/> Documentation Attached | | | | | |
| Explain: | | | | | |
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| <input type="checkbox"/> Severe Illness/Death <input type="checkbox"/> Documentation Attached | | | | | |
| Explain: | | | | | |
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| For WECA Use Only | | | | | |
| Date AR Received Class Change Request | / /20 | | | | |
| Next Available Class Dates | 1st Semester | | | 2nd Semester | |
| | / /20 | to | / /20 | / /20 | to / /20 |
| Who Is Requesting the Class Change? (check one) | <input type="checkbox"/> Apprentice | <input type="checkbox"/> Contractor | | | |
| Documentation Attached (check one) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| AR Recommendation (check one) | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny | Reason: | | |
| TPM Decision (check one) | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny | Reason: | | |
| Notification calls made to: | <input type="checkbox"/> Contractor | <input type="checkbox"/> Apprentice | | | |
| AR Signature | | TPM Signature | | Date | |