



PHCCLA Registered Apprenticeship Program
EMPLOYER ENROLLMENT FORM

Company Name: _____

Primary Contact Name: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

This email address will be the email used for all communications relative to the apprenticeship program.

Preferred method of communication for forms, etc.: _____ Fax _____ Email

If your company qualifies, would you like PHCCLA to apply for IWTP SBET grant reimbursement funds? _____ Yes (must complete the following information) _____ No

Unemployment #: _____ Tax ID # _____

NEW APPRENTICES TO ENROLL*

Apprentice Name

***All new apprentice applicants must complete a New Apprentice Application.**

CURRENTLY ENROLLED APPRENTICES

Apprentice Name	Current Hourly Wage**	Advancing to Next Semester (if not advancing, please complete a Notice of Status Change form)	Supervising Journeyman (Please provide name of the apprentices' supervising Journeyman to meet the required ratio of 1:1 apprentice to journeyman.)
	\$	Yes / No	
	\$	Yes / No	
	\$	Yes / No	
	\$	Yes / No	

***Apprentices shall be paid not less than the following percentages of the Journeyman wage consistent with the skill acquired. Present Journeyman rate being \$19.00 per hour, apprentices should be paid based on the following scale:*

1 Semester (1000 Hours)	2 Semesters (2000 Hours)	3 Semesters (3000 Hours)	4 Semesters (4000 Hours)	5 Semesters (5000 Hours)	6 Semesters (6000 Hours)	7 Semesters (7000 Hours)	8 Semesters (8000 Hours)
45%	50%	55%	60%	65%	70%	75%	80%
\$8.55	\$9.50	\$10.45	\$11.40	\$12.35	\$13.30	\$14.25	\$15.20