



PHCCLA Registered Apprenticeship Program  
**NOTICE OF STATUS CHANGE FORM**

Please complete the following form for any apprentice changing from ACTIVE status to INACTIVE status in the program and for all REINSTATEMENTS.

Apprentice Name: \_\_\_\_\_ Indentured #: \_\_\_\_\_

Employer: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_

Requested Status Change: SUSPENSION / CANCELLATION / REINSTATEMENT

Please complete the appropriate section below to complete the status change request:

**REQUEST FOR SUSPENSION**

Suspension Effective Date: \_\_\_\_\_ Wage at time of Suspension: \$ \_\_\_\_\_/hr.

Is the apprentice in the first 6 months of the program (probationary period)? YES / NO

Have the appeal rights been explained to the apprentice? YES / NO

Suspension requested by: SPONSOR / PROGRAM PROVIDER / EMPLOYER / APPRENTICE

Reason for Suspension (please select one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Disciplinary Action      | <input type="checkbox"/> Entered Military Service | <input type="checkbox"/> Illness                           |
| <input type="checkbox"/> Incarcerated             | <input type="checkbox"/> Injury                   | <input type="checkbox"/> LEAVE                             |
| <input type="checkbox"/> Lateness, Missed Classes | <input type="checkbox"/> Low Attendance           | <input type="checkbox"/> Negative Reports from Contractors |
| <input type="checkbox"/> Personal Hardship        | <input type="checkbox"/> Poor Performance         | <input type="checkbox"/> Refused Drug Testing              |
| <input type="checkbox"/> Substance Abuse Rehab    | <input type="checkbox"/> Theft                    | <input type="checkbox"/> Unknown                           |

**REQUEST FOR CANCELLATION**

Cancellation Effective Date: \_\_\_\_\_ Wage at time of Cancellation: \$ \_\_\_\_\_/hr.

Is the apprentice in the first 6 months of the program (probationary period)? YES / NO

Have the appeal rights been explained to the apprentice? YES / NO

Cancellation requested by: SPONSOR / PROGRAM PROVIDER / EMPLOYER / APPRENTICE

Reason for Cancellation (please select one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Discharged/Released               | <input type="checkbox"/> Entered Military Service                 | <input type="checkbox"/> Illness/Death               |
| <input type="checkbox"/> Lack of Work                      | <input type="checkbox"/> Accepted Other Employment                | <input type="checkbox"/> Accepted Related Employment |
| <input type="checkbox"/> Not Attending Related Instruction | <input type="checkbox"/> Program Cancelled by Registration Agency |  |
| <input type="checkbox"/> Program Cancelled by Sponsor      | <input type="checkbox"/> Retired / Resigned                       |  |
| <input type="checkbox"/> Transferred to Another Program    | <input type="checkbox"/> Unsatisfactory Performance               | <input type="checkbox"/> Voluntary                   |

**REQUEST FOR REINSTATEMENT**

Reinstatement Effective Date: \_\_\_\_\_ Wage at time of Reinstatement: \$ \_\_\_\_\_/hr.

Reason for Reinstatement (please select one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Problem Resolved | <input type="checkbox"/> Resolved Family Matters | <input type="checkbox"/> Resolved Other Issues |
| <input type="checkbox"/> Sponsor Action   | <input type="checkbox"/> Unknown                 |  |

Additional Comments: \_\_\_\_\_