



OFFICE OF THE LABOR COMMISSIONER
Nevada State Apprenticeship Council
5910 Form

Program Name Nevadaworks RAPIDS Program # _____

Address 9390 Gateway Dr. STE 105 City Reno State/Zip NV/89521 Telephone (775)337-8600

Contact Person Cheryl Olson Title Chief Strategy Officer Email Address colson@nevadaworks.com

Type of Program ☐ Time-based ☒ Competency-based ☐ Hybrid EIN # 88-0265237 NAICS Code _____

Type of Action: (Check One) A. <input type="checkbox"/> Wage Increase B. <input type="checkbox"/> Revision of Standards C. <input checked="" type="checkbox"/> New Occupation D. <input type="checkbox"/> New Program	Type of Program: (Check One) A. <input type="checkbox"/> Individual Union B. <input checked="" type="checkbox"/> Individual Non-Union C. <input type="checkbox"/> Group Union D. <input type="checkbox"/> Group Non-Union	Journey Workers (JW) A. No. of Females____ B. No. of Minorities____ C. No. JW____ D. No. of Employers____	Pay Period (Check One) <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly Pay Increases (Months) 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input checked="" type="checkbox"/>
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TRADE INFORMATION

Occupation Name and O*NET CODE (use separate form for each occupation)	Term (OJT hours)	RTI (Classroom hours)	# Of Journey workers	# Of Apprentices in Training	Journey worker Hourly Rate	Days per Week
Teacher Aide 25-9042.00	2500 Hours	144	1	3	\$17.00	

HOURLY APPRENTICE WAGES BY PERIOD (Excluding Benefits) Top Line Dollar Amounts, Bottom Line Percentages

Occupation Name and O*NET CODE	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH
Teacher Aide 25-9042.00	\$15.00	\$17.00	\$	\$	\$	\$	\$	\$	\$	\$
	%	%	%	%	%	%	%	%	%	%
Fringe Benefits (\$ or %)										

The Sponsor / Program Coordinator certifies and assures that it will utilize qualified training personnel in the delivery of the related instruction, such as subject matter experts (e.g., journeymen) who are recognized within an industry as having expertise in a specific occupation, and who also have training in teaching techniques and adult learning styles, which may occur before or after the apprenticeship instructor has started to provide the related technical instruction. Further, the Sponsor / Program Coordinator certifies the information above is true and correct.

Date

Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Received By:

State Apprenticeship Director

Date