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NOTICE OF APPRENTICE CANCELTION

(Please Print or Type)

Pursuant to N.R.S. 610.140 (1)(c) this form is to be submitted to NSAC within 10 days of the Committee's decision to cancel an apprentice.

APPRENTICE INFORMATION

Name: _____ I.D. # _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Date of cancellation: _____ Apprentice Exit Wage: \$ _____

In Probation period: Yes No Trade: _____

Please attach a copy of the written notice of dismissal and notice of appeal rights to the committee required to be served on the apprentice via certified mail pursuant to N.A.C. 610.460.

Please check the reason for cancellation below:

- | | |
|--|---|
| <input type="checkbox"/> 1 - Discharged/Released | <input type="checkbox"/> 7- Transferred to another program |
| <input type="checkbox"/> 2 - Left to accept related employment | <input type="checkbox"/> 8 - Illness/Death |
| <input type="checkbox"/> 3 - Left to accept other employment | <input type="checkbox"/> 9 - Program canceled by sponsor |
| <input type="checkbox"/> 4 - Unsatisfactory Performance | <input type="checkbox"/> 10 - Program canceled by registration agency |
| <input type="checkbox"/> 5 - Lack of Work | <input type="checkbox"/> 11 - Voluntary quit |
| <input type="checkbox"/> 6 - Entered Military Service | <input type="checkbox"/> 12 - Unknown |

PROGRAM INFORMATION:

Program number: _____

Program Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

I hereby certify the information provided herein is true and accurate to the best of my knowledge.

(Authorized Name) Print or Type

Signature

Date