



Program Name ADT Commercial Program # _____

Address 1267 Windham Pkwy City Romeoville State/Zip IL - 60446 Telephone 773-225-9444

Contact Person Viviana Vega Title Project Manager Type of Program: Time Based NAICS Code 561621

EIN # 90-0008456 Email Address: Vivianavega@adt.com

Type of Action: (Check One) A. <input type="checkbox"/> Wage Increase B. <input type="checkbox"/> Revision of Standards C. <input type="checkbox"/> New Occupation D. <input checked="" 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 E. <input type="checkbox"/> If Union Bargaining Unit	Journey Workers (JW) A. No. of Females <u>0</u> B. No. of Minorities <u>0</u> C. No. JW <u>17</u> D. No. of Employers <u>1</u>	Pay Period (Circle 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 checked="" type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>
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TRADE INFORMATION

Occupation (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
Protective Signal Installer	6000	445	17	5	\$25.50	40

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

Occupation	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH
Protective Signal Installer	\$14.63	\$15.30	\$16.58	\$17.85	\$20.40	\$22.95
	57%	60%	65%	70%	80%	90%
Fringe Benefits (\$ or %)	TBD	TBD	TBD	TBD	TBD	TBD

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.

2/16/2021
Date

Viviana Vega
Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Received By: _____
State Apprenticeship Director Date