

MAINE APPRENTICESHIP PROGRAM

Maine Department of Labor
 55 State House Station, Augusta, ME 04333
 (207) 623-7974

APPRENTICE CANCELLATION FORM

I request that the following individual be cancelled from the Maine Apprenticeship Program

Apprentice Name: _____ Apprentice ID# _____

Cancellation has occurred prior to close of probationary period. Yes _____ No _____

Effective Date of Cancellation ____/____/____

| REASONS FOR CANCELLATION <i>check all that apply</i> | ✓ |
|---|---|
| Lack of Interest | |
| Not adaptable to skills the trade requires | |
| Not interested in continuing the program | |
| Inadequate on the job learning or training opportunity | |
| Discouraged over progress | |
| No longer employed with us | |
| Moved to another state/region | |
| Quit | |
| Fired | |
| Entered full time college | |
| Entered Active Military Service | |
| Took alternate job within company | |
| Took new job outside of company | |
| Other – Please explain: | |
| | |

Sponsor Name, Address, Phone: _____

Company Official Name & Title _____

Signature of Company Official _____ Date _____