



**APPRENTICE
CLASS RE-SCHEDULE FORM**

Appr Dept Phone: (217) 773-9083 FAX: (217) 773-2835

APPRENTICES RECEIVE ONLY ONE (1) RE-SCHEDULE PER YEAR

STEPS FOR COMPLETING CLASS RE-SCHEDULE FORM

- 1 - Review current yearly schedule to obtain course date offerings & locations.
- 2 - After seeking alternate date, phone ILCJATP Appr Department to ensure class availability for new date.
- 3 - Complete form and **obtain signature of Business Manager**.
- 4 - Forward to ILCJATP Appr Department **AT MINIMUM 5 days before class start date**.
- 5 - Verify that re-schedule has been received by ILCJATP Appr Dept, to ensure that no demerit is issued.
- 6 - Upon review and approval by Appr Department, revised Class schedule will be forwarded to apprentice.

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ MI: _____

Last 4 digits SSN: ____ ____ ____ ____ Local Union: _____

(For Verification)

First Year Curriculum					Second Year Curriculum					Third Year Curriculum				
Craft	Asphalt	Concrete 1	Constr Math	Mason Tending	Asbestos	Blueprint	Concrete 2	Hoist & Rigging	Pipe	Bridge	Grade Check	Haz Waste	GPS	Landscape

Indicated by (X) above, which class you are requesting to re-schedule

Current Scheduled Date: ____ / ____ / _____ New Requested Date: ____ / ____ / _____

Location: Mt Sterling
 Stanford
 Marion
 Edwardsville

Location: Mt Sterling
 Stanford
 Marion
 Edwardsville

I approve the above requested re-scheduled class.

Business Manager Signature



Date Signed:

THIS FORM WILL NOT BE PROCESSED WITHOUT SIGNATURE OF BUSINESS MANAGER.

You will only receive ONE (1) CLASS RE-SCHEDULE FOR CURRENT TRAINING YEAR. Any additional request(s) to re-schedule must be submitted and approved by the ILCJATP Administration. As this is a timely process, you are encouraged to submit any additional request(s) as soon as possible, with detailed documentation regarding your needed reason for re-schedule. **Disciplinary action will be strictly enforced and apprentice will be given a demerit for Missing Class, FOR ALL UNEXCUSED ABSENCES**

Date Received:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	ILCATP OFFICE USE ONLY:
	Re-Scheduled By: _____	New Schedule Issued: _____	
NOTES: _____			

