

Apprenticeship Class Change Request

To request a class change please complete this form. You may mail, fax or email it to: WECA, 3695 Bleckely Street, Rancho Cordova CA 95655; fax: 916-452-7011; email: alopez@goweca.com. Your request will be reviewed, and a decision will be made to approve or deny within 7 days. Please attach any information needed to support your request.

Apprentice Name			Apprentice ID #		
Program (check one)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> VDV		
Class Year (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Contractor Name and Phone Number					
Current Class Dates and Location	/ /20	to	/ /20	Sacramento	Riverside San Diego
Form Completed By:			Phone #:		
Contractor is Responsible to make sure student is aware of class change.	Has student been notified of Class Change?		YES	NO	
Reason for Request					
<input type="checkbox"/> Preplanned Event/Contractor Hardship			<input type="checkbox"/> Documentation Attached		
Explain:					
<input type="checkbox"/> Childbirth/Child Adoption			<input type="checkbox"/> Documentation Attached		
Explain:					
<input type="checkbox"/> Severe Illness/Death			<input type="checkbox"/> Documentation Attached		
Explain:					
For WECA Use Only					
Date SSA Received Class Change Request	/ /20				
Next Available Class Dates	1st Semester			2nd Semester	
	/ /20	to	/ /20	/ /20	to / /20
Who Is Requesting the Class Change? (check one)	<input type="checkbox"/> Apprentice		<input type="checkbox"/> Contractor		
Documentation Attached (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
SSA Recommendation (check one)	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason:		
TPM Decision (check one)	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason:		
Notification calls made to:	<input type="checkbox"/> Contractor		<input type="checkbox"/> Apprentice		
SSA Signature			TPM Signature		Date