## **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; email: apregistrar@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								Appren	tice ID #			
Program (check one)	Commercial							Resid	dential	☐ VDV		
Class Year (check one)		1			2			3		4		5
Contractor Name and Phone Number												
Current Class Dates and Location	1	1	/	to	1	1	Sa	acramento	Fresno	Riverside	San Diego	1
Form Completed By:								Phone #:				
Contractor is Responsible to make sure student is aware of class change.	Has stu	dent	been n	otifie	d of C	lass Cl	nange?		YES	NO		
Reason for Request												
☐ Preplanned Event/	Contracto	r Har	dship				Docu	umentatio	n Attache	d		
Explain:												
☐ Childbirth/Child Adoption ☐ Documentation Attached												
Explain:									The According	-		
Ехріані.												
☐ Severe Illness/Death ☐ Documentation Attached												
Explain:												
					For W	ECA Uca	Only					
Date AR Received Class					FOI W	ECA Use						
Change Request			1.0+	Semes	tor			/		2nd Semest	0"	
Next Available Class Dates	_			Semes	LEI .			_		_	<u>-</u>	
Who Is Requesting the			to					/	/ 1	:o /	/	
Class Change? (check one)		Appre	entice						Contractor			
Contractor Status		Men	nber						Subscriber			
Documentation Attached (check one)		Ye	es		I	No						
AR Recommendation (check one)		Аррі	rove		D	eny		Reason:				
Ops Manager Decision (check one)		Аррі	rove		D	eny		Reason:				
Notification calls made to:			Contracto	or					Apprentice			
Staff Signature					Manage Signate					Date		