



STATE OF NEVADA
 NEVADA STATE APPRENTICESHIP COUNCIL
 555 EAST WASHINGTON AVENUE, 4100
 LAS VEGAS NV 89101
 (702) 486-2650

NOTICE OF APPRENTICE CANCELLATION

(PLEASE PRINT OR TYPE)

Pursuant to N.R.S. 610.140 (1)(c) this form is to be submitted to NSAC within 10 days of the Committee's decision to cancel an apprentice.

APPRENTICE INFORMATION

Name: _____ I.D. # _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Date of cancellation: _____ Apprentice Exit Wage: \$ _____

In Probation period: Yes No Trade: _____

Please attach a copy of the written notice of dismissal and notice of appeal rights to the committee required to be served on the apprentice via certified mail pursuant to N.A.C. 610.460.

Please check the reason for cancellation below:

- 1 - Discharged/Released
- 2 - Left to accept related employment
- 3 - Left to accept other employment
- 4 - Unsatisfactory Performance
- 5 - Lack of Work
- 6 - Entered Military Service
- 7- Transferred to another program
- 8 - Illness/Death
- 9 - Program canceled by sponsor
- 10 - Program canceled by registration agency
- 11 - Voluntary quit
- 12 - Unknown

PROGRAM INFORMATION:

Program number: _____

Program Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

I hereby certify the information provided herein is true and accurate to the best of my knowledge.

 (Authorized Name)Print or Type

Signature

Date