



MAINE APPRENTICESHIP PROGRAM APPRENTICE CANCELLATION FORM

I request that the following Apprentice be cancelled from the Maine Apprenticeship Program.

Apprentice Information

Apprentice Name:

Apprentice RAPIDS Number:

Apprentice Start Date:

Occupational Program:

Has cancellation occurred prior to the close of probationary period?

Effective Date of Cancellation:

Hourly Wage on Date of Cancellation:

Reason for Cancellation:

Additional Comments (optional):

Sponsor Information

Company/ Sponsor Name:

Company Official Name and Title:

I agree to provide a copy of this form to the cancelled apprentice.

Signature of Company Official:

Date:

Submit this form to your assigned Apprenticeship Technical Representative.

Or mail to: Maine Apprenticeship Program
55 State House Station, Augusta, Maine 04333-0055