

Apprentice Schedule Change Request

To Request a Schedule Change , please complete this form and return it to the IEC office. For convenience, you may fax to (505) 266-6557 or email to valeriem@nnmiec.org. Your request will be reviewed and a decision will be made to approve or deny within 7 days. Please attach any additional information needed to support your request.

Apprentice Name			
Program	Electrical		
Class Year (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Contractor Name and Phone Number			
Current Class Dates	/ /20 to / /20		
Form Completed By:		Phone #:	
Reason for Request			
<input type="checkbox"/> Contractor Request		<input type="checkbox"/> Documentation Attached (if necessary)	
Explain:			
<input type="checkbox"/> Preplanned Event		<input type="checkbox"/> Documentation Attached (if necessary)	
Explain:			
<input type="checkbox"/> Childbirth/Child Adoption		<input type="checkbox"/> Documentation Attached (if necessary)	
Explain:			
<input type="checkbox"/> Severe Illness/Death		<input type="checkbox"/> Documentation Attached (if necessary)	
Explain:			
For NNMIEC Use Only			
Date Received Class Change Request	/ /20		
Next Available Class Dates	<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 2nd Quarter	<input type="checkbox"/> 3rd Quarter <input type="checkbox"/> 4th Quarter
	/ /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	
Decision: (check one)	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason:
Notification calls made to:	<input type="checkbox"/> Contractor		<input type="checkbox"/> Apprentice
Signature		Date	