

Associated Builders & Contractors, Inc.
Los Angeles/Ventura Chapter
Electrical Unilateral Apprenticeship Committee

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PLEASE FAX/MAIL THIS DOCUMENT TO THE ABC LOS ANGELES/VENTURA OFFICE IMMEDIATELY UPON APPRENTICE'S RELEASE FROM EMPLOYMENT.

APPRENTICE MAY HAND DELIVER IF SIGNING THE "OUT-OF-WORK" LIST.

DATE: _____

APPRENTICE: _____
Name Social Security No.

TO: Education Coordinator

FROM: _____
First and Last Name

COMPANY: _____

THE ABOVE APPRENTICE HAS COMPLETED HIS/HER JOB AS INDICATED BELOW AND HAS BEEN ADVISED TO RETURN TO THE ABC LOS ANGELES/VENTURA CHAPTER TO SIGN THE "OUT-OF-WORK"

His/Her last day of employment was: _____

Return to ABC Los Angeles/Ventura is due to: _____ Lay-off, job completed or work slow down

Available for rehire: Yes Termination due to cause (Explain below.)
 No

Please indicate reason(s) for apprentice termination:
