

## Termination/ Layoff of Apprentices

Name of  
Company: \_\_\_\_\_

Program: \_\_\_\_\_

Name of Apprentice: \_\_\_\_\_

Date of termination or layoff with company: \_\_\_\_\_

Re-Hire Status:    Yes \_\_\_\_\_                      No \_\_\_\_\_



## Request for Apprentice

Company Name: \_\_\_\_\_

Person requesting apprentice: \_\_\_\_\_

Date Need Apprentice By: \_\_\_\_\_

Additional Information:

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Please fax back information to Eva Sizelove at **503-598-0391**.  
For any additional information please contact the  
Apprenticeship Department at 503-598-0522