



# RESCHEDULING POLICY & REQUEST FORM

All rescheduling of classes, including contractor requested and make-up days, will be coordinated between the APPRENTICE AND TRAINING COORDINATOR.

**All** rescheduling must be approved by the Training Coordinator and be submitted **IN WRITING** at least:

- 14 days prior to scheduled class for Personal Reschedule
- 7 days prior to scheduled class for Contractor Reschedule

**COMPLETED FORM MAY BE FAXED TO (406) 443-3813**

## THIS IS MY RESCHEDULE REQUEST

\_\_\_ PERSONAL RESCHEDULE; One reschedule per year (for Apprentice use)

\_\_\_ CONTRACTOR RESCHEDULE; One reschedule per year (for Employer use)

Reason for Reschedule \_\_\_\_\_

**DO NOT WRITE HERE – TO BE FILLED OUT BY TRAINING COORDINATOR**

Class To Be Scheduled *OUT OF* \_\_\_\_\_ *Date of this class* \_\_\_\_\_

Class To Be Scheduled *IN TO* \_\_\_\_\_ *Date of this class* \_\_\_\_\_

**Open-ended rescheduling will NOT be allowed**

Exceptions:

Excused absence approved by the Training Coordinator with documentation supporting the approval to be filed in the Apprentice File. Documentation to include, but not limited to

- Doctor verification for medical absence
- Court document for jury duty
- Note of explanation from Training Coordinator
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**All excused absences must be coordinated between the Apprentice and the Training Coordinator.**

I, (*Print Name*) \_\_\_\_\_ (**Apprentice**) acknowledge that I have read and understand this Reschedule Policy.

Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

I, (*Print Name*) \_\_\_\_\_ (**CONTRACTOR**) acknowledge that I have read and understand this Reschedule Policy.

Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Reschedule Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Training Coordinator