



2019 RESCHEDULING POLICY & REQUEST FORM

Email to officesmith@hughes.net or Fax to 406 475-3682

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

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

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

THIS IS MY RESCHEDULE REQUEST

___ PERSONAL RESCHEDULE (for Apprentice use)

___ CONTRACTOR RESCHEDULE (for Employer use)

Reason for Reschedule _____

Class To Be Scheduled **OUT OF** _____ **Date of this class** _____ (see class calendar)

Class To Be Scheduled **IN TO** _____ **Date of this class** _____ (see class calendar)

Open-ended rescheduling will NOT be allowed. Refer to original class calendar that you received at the beginning of the current school year to acquire the needed information

Exceptions:

Excused absence approved by the Training Director 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 Director

All excused absences must be coordinated between the Apprentice and the Training Director.

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 Director

