

COMMITTEE ACTION REQUEST

Meeting date to be reviewed (See meeting schedule online): _____

Apprentice Name: _____

Company Name: _____

Phone: _____

Email: _____

Attending Meeting? ☐ Yes ☐ No

Request has attached paperwork? ☐ Yes ☐ No

Committee Action Requested:

- ☐ Re-rate – I meet all requirements for advancement and am in compliance with all Committee policies.
- ☐ Exam Referral – I have completed all program requirements and am in compliance with all Committee policies.
- ☐ Voluntary withdrawal/termination from program - **Effective date:** _____
- ☐ Suspend but remain in program (effective for a max of 1 year) - **Effective date:** _____
- ☐ Un-suspend/Reactivate (will be effective on the date of Committee vote)
- ☐ Job rotation - **Please attach required Training Agent paperwork**
- ☐ Curriculum Request (class substitution, unapproved elective, core curriculum variance, etc.) - **Please attach relevant documentation**

Other: _____

Description of Request:

Sign: _____

Date: _____

NOTE: All requests must be received a minimum of 10 business days prior to a committee meeting. A request may or may not be approved by the JATC. Submit to apprenticeship@pcc.edu or fax to 971-722-5656.