

Please fill out and email to your curriculum coordinator.



APPRENTICE REQUEST LEAVE OF ABSENCE

On this date _____

I, _____
(PRINT NAME)

- | | |
|---|--|
| <input type="checkbox"/> Apprentice Plumber | <input type="checkbox"/> Apprentice HVACR Service Technician |
| <input type="checkbox"/> Apprentice Steamfitter | <input type="checkbox"/> Apprentice Residential Plumber |

wish to inform the United Association Local Union #393 Joint Apprenticeship Training Committee (JATC), I am requesting a leave of absence for the bellow dates

STARTING: _____

RETURNING: _____

for the following reason(s)

Apprentice:

NAME (Signature)

Address

City State Zip

Local Committee: Pipe Trades Training Center
Joint Apprenticeship & Training Committee
Of Santa Clara and San Benito Counties
780 Commercial Street
San Jose, CA 95112