



APPRENTICE DROP FORM
SCHOOL YEAR 2011 - 2012

Please complete this form and return to ABC when an apprentice has been terminated from your company's employment.

Company Name: _____

Phone Number: _____ Contact: _____

Apprentice Name: _____ SSN: _____

Termination Date: _____ Craft/Year/Location: _____

PLEASE MARK A REASON FOR APPRENTICE DROP

CANCELLATION CODES:

1. DISCHARGED/RELEASED
2. LEFT FOR RELATED EMPLOYMENT
3. ENTERED MILITARY SERVICE
4. TRANSFERRED
5. CANCELLED BY SPONSOR
6. VOLUNTARY QUIT
7. 3 CONSECUTIVE ABSENCES (FOR INSTRUCTORS)
8. UNKNOWN

CANCELLATION CODE # _____

SIGNED: _____ **DATE:** _____

TITLE: _____

Return completed forms to: KCEF, 1810 Taylor Avenue, Louisville, Kentucky 40213
 Completed forms may also be faxed to: 502-451-1700, Attn: Stephanie Coleman
 For questions or further information please contact:
 Stephanie Coleman – 502-400-2035 – scoleman@kyanaabc.com
 Joe Salsman – 502-608-9500 – Jsalsman@kycomfort.com