

**AREA ONE PLUMBERS BUCKSLIP**  
**(Communication with the JATC)**

**Mail to:** Area I Plumbers JATC  
15800 SW Boones Ferry Rd Suite B3  
Lake Oswego, OR 97035  
Office 503.675.0548 Fax 503.675.0543 AREAONEJATC.COM

**From:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_ New address(see above)

\_\_\_\_\_ New Employer(see above)

\_\_\_\_\_ New phone number (see above)

\_\_\_\_\_ I was absent from related training class(s)  
on (date absent) \_\_\_\_\_ for the following reason:

\_\_\_\_\_

\_\_\_\_\_ Attached is a proof of absence (tow bill, car parts receipt, dr. note)  
(See policies for other items to be used as proof of absence.)

**Instructor Signature** \_\_\_\_\_  
(Only required when absent from class)

**Employer's Signature** \_\_\_\_\_  
(Only required when absent from class)

\_\_\_\_\_ I request cancellation of my agreement effective \_\_\_\_\_  
for the following reason \_\_\_\_\_

**APPRENTICE SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Always required)