

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
Email: apprenticeship@areaonejatc.com
Website: 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)