



# ADDENDUM TO APPRENTICESHIP AGREEMENT



The    
(Sponsor/Association Name) (MATC No.)

Request the transfer of    
(Apprentice Name) (Social Security Number)

to  #  on   
(Participating Employer) (Employer #) (Effective Date)

with  hours of work experience credit, and the Employer's average journeyman rate of  
(Current OJT Hours)

\$  per hour. *(Indicate in dollars and cents if the program's wage rate is not established by a collective bargaining agreement.)*

The Apprenticeship term originally began with  #   
(Participating Employer)

on , allowing a credit of  hours for on-the-job training. The Apprenticeship  
(Month, Day, Year)

projected completion date is .  
(Month, Day, Year)

**IN WITNESS WHEREOF, THE PARTIES HEREUNTO AFFIX THEIR SIGNATURES:**

(Apprentice Signature)

(Signature of Sponsor's Authorized Official)

(Address)

(Title of Authorized Official)

(City, State, Zip)

(Address)

(City, State, Zip)

(Parent/Guardian Signature)

(Date )

(Signature And Title Of Authorized Official) ,Director

- MD Council     B.A.T.     Sponsor     Participating Employer     Apprentice

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