Apprentice Schedule Change Request

To Request a Schedule Change , please complete this form and return it to the IEC office. For convenience, you may fax to (505) 266-6557 or email to valeriem@nnmiec.org. Your request will be reviewed and a decision will be made to approve or deny within 7 days. Please attach any additional information needed to support your request.

Apprentice Name				
Program	**Electrical** ☐	**Low Voltage** ☐		
Class Year (check one)	☐ **1**	☐ **2**	☐ **3**	☐ **4**
Contractor Name and Phone Number				
Current Class Dates	**/ /20 to / /20**			
Name of Person Completing Form:		**Phone #:**		

Reason for Request

☐ **Contractor Request**	☐ **Documentation Attached (if necessary)**
Explain:	
☐ **Preplanned Event**	☐ **Documentation Attached (if necessary)**
Explain:	
☐ **Childbirth/Child Adoption**	☐ **Documentation Attached (if necessary)**
Explain:	
☐ **Severe Illness/Death**	☐ **Documentation Attached (if necessary)**
Explain:	
☐ **Other**	☐ **Documentation Attached (if necessary)**
Explain:	

For NNMIEC Use Only

Date Received Class Change Request	**/ /20**			
Next Available Class Dates	☐ **1st Quarter**	☐ **2nd Quarter**	☐ **3rd Quarter**	☐ **4th Quarter**
	/ /20 to / /20			
Who Is Requesting the Class Change? (check one)	☐ **Apprentice**	☐ **Contractor**		
Documentation Attached (check one)	☐ **Yes**	☐ **No**		
Decision: (check one)	☐ **Approve**	☐ **Deny**	**Reason:**	
Notification calls made to:	☐ **Contractor**	☐ **Apprentice**		
Signature		**Date**		