FLORIDA DEPT. OF EDUCATION ACTION REPORT FORM						Agency Use Only  Data Entered by Sponsor (check box if yes): 19					
Today's Date:	1	1 01 Indenture		Action Codes: 05 – Reinstate				ed by Agency:			
Program		02 Credit 03 Complete		06 - Repeat OJT 07 - Repeat Related Instruction		Paccorded in Agency File:			[Date] [Initials]		
Number:		04 Cancel				21			[Date] [Initials]		
Registered Program Name:	3		01 Discharged / Released 02 Entered Military Service		Cancel Codes:  07 - Not Attending Related Instruction  08 - Agency Cancelled Program			22			
4 Digit Trade Number:	4	4		03 Illness / Death 04 Lack of Work 05 Left for Other Employment 06 Left for Related Employment		<ul> <li>09 Sponsor Cancelled Program</li> <li>10 Retired / Resigned</li> <li>11 Transferred to Another Program</li> <li>12 Unsatisfactory Performance</li> <li>13 Voluntarily Quit</li> </ul>			[Signature of Approving Official]		
Trade Name:		5							23 (Date)		
DO NOT MIX ACTION CODES USE SEPA											
Social Secur Number	ity	¢	nes in alphabetical order. rst name, middle initial	Participant I.D. Number	Action Code	Date of Action	Extension Date	Wage	Cancel Code	On Probation 図 if YES	02 Credit (IN HOURS)
			7		9				13	14	
		-							_		
16  IPrinted Name of Committee Member / Speech Signatory Authority						17				18 IDatel	<u>)</u>

### GUIDE SHEET FOR ACTION REPORTING FORM APPR - 205 (revised 9/1/13)

#### **GENERAL NOTES**

An **On line** version of this form can be acquired at the Registration Agency's website or the sponsor can receive an electronic version from their Servicing ATR (Apprenticeship & Training Representative).

This form must be processed anytime the registered program sponsor takes an action on an apprentice, a preapprentice or a trainee. This form must be signed in **BLUE** ink and the original must be sent to the ATR.

#### 45 CALENDAR DAY RULE -ALL ACTIONS MUST BE SENT TO THE ATR BEFORE 45 CALENDAR DAYS OF THE DATE OF ACTION

# <u>NOTICES</u> DO NOT MIX PROGRAM TYPES i.e. APPRENTICESHIP - PREAPPRENTICESHIP - TRAINEE DO NOT MIX TRADES ON THE FORM

#### ONE TYPE OF ACTION PER FORM!!!

Except for 01's/05's and 02's and should be inserted in #9 (Action Code) as 01/02 or 05/02! Except for 06's and 07's and should be inserted in #9 (Action Codes) as 06/07!

#### "DO NOT MIX ACTION CODES"

### **FORM PROCESSING**

It is highly recommended that the program keep a photocopy of the completed form in your Apprenticeship Files until a processed Program/Committee copy comes back to you from the ATR's office.

When submitting an Action Form which Indentures and gives Credit, be sure to use both Action Codes, i.e.: 01/02.

#### When just giving Credit (Code 02)

Fill in the Participants' SS#, Registered Legal Name, ID#, Action Code 02, Date of Action, current wage and the amount of credit in hours.

All credit must be approved by the program sponsor/committee. Watch the credit policy of not more than a total program allowance of 50% credit awarded.

### Completion Requests (Code 03)

Should be submitted 45 days in advance of the participants completion date.

It would also help to give the ATR the Graduation Ceremony date (if there is one).

This will help to ensure the Certificates get back to you in time for the graduation ceremony.

Fill in the Participants' SS#, Registered Legal Name, ID#, Action Code 03, Date of Action, Journeyman Wage. If the participant has not reached their Expected Completion Date the ATR will have to "Balance" the time remaining in the Credit Column.

# **Participant Name Change**

When submitting an Action Form to do a Name Change, fill in the Participants' SS#, Registered Legal Name, ID# and Date of Action.

On the rest of the line just print "NAME CHANGE". A copy of the legal documentation must also be attached, i.e. marriage license photocopy, copy of court papers, etc. No Action Code is needed.

## Cancellations (Code 04)

When submitting an Action Form to cancel a participant, fill in the Participants' SS#, Registered Legal Name, ID#, Action Code 04, Date of Action, current participant wage, the most appropriate Cancel Code from the listing and the current Probationary Status.

### **Cancellation Codes**

Use the most accurate code from the listing of "Cancel Codes" which best explains the reason a participant was terminated from the registered program.

This information is necessary for the Federal Database.

# Action Codes 06 and 07

If a participant does not progress through the program satisfactorily or from a lack of work and their term of training is extended, fill in the Participants' SS#, Registered Legal Name, ID#, use Action Code(s) 06 and 07 together as 06/07, the Date of Action. In the "Extension Date" column please provide the projected date the participant is expected to complete their training obligation and enter the Participants' Current Wage. The ATR will change the participants' expected completion date in the Federal Database accordingly. If a participant exceeds their Expected Completion Date determined by the Federal Database, your ATR will request the program to perform this action on a participant, so that these participants do not show up on an "Overdue Report".

#### **COPIES**

The ATR will produce a copy of the processed Action Form and send it to the program sponsor/committee for their records and retain a copy in the local field office. The **Original** will be sent to the Central Office for maintenance and future archiving.

# FORM COMPLETION by the NUMBERS

- 1. The date this form was filled out i.e. today's' date.
- Place your program registration number in this area from your registered program standards. DON'T FORGET THE "FL".
- 3. The Registered Program Name as it appears on the registered program standards and on the Certificate of Registration (no acronyms). DON'T FORGET THE "INJ, GNJ, JAC, etc".
- 4. The Four (4) Digit Trade Number as listed on the Registered Program Standards or available from your Servicing ATR (only one trade per action form).
- 5. Trade Name as it appears in your Registered Program Standards.
- 6. The participant's Social Security Number. (This will only be used for identification purposes)
- 7. List participants alphabetically from top to bottom, by last name, PLEASE. Enter the Full Legal name of the participant as it appears on the Training Agreement. Do not use nicknames.
- 8. This section is for the participant identification number. If you are processing Indenture Agreements for the first time, you will not have this number. It will be provided in the return of your forms by the ATR. For any subsequent action on participants, fill in the appropriate number as provided by the ATR for each individual participant.
- 9. Use the appropriate two-digit number as specified in the box titled "Action Codes" and remember the references at the beginning of these instructions.
- 10. This is the date on the Training Agreement or the date the Committee/Sponsor took an action against the participant.
- A. In the case of requesting completion certificates in advance use the date the participants are to complete the program and request them 45 days in advance of the completion date.
- 11. When using "Action Codes" 06 and / or 07 please provide the date of completion the participant is should now complete the program after the time extension.
- 12. Current Wage of the participant. The wage at completion is the **JOURNEYMAN** rate.
- 13. Use the appropriate two-digit number as specified in the box titled "Cancel Codes".
- 14. This column is only used when you have an '04'-action code. Either mark this box with and **X** or use a **P** if the respective participant is on probation.
- 15. If credit is awarded to a participant, enter the amount in this column in hours.
- 16. Legibly Print or Type the name of the person signing this form.
- 17. Authorized Signature of Committee/Sponsor. The same person whose name appears in #15.
- 18. The Date the Authorized Person signed this form.

# AGENCY USE ONLY

- 19. The ATR will mark this box if the Sponsor Entered the information on this Action Reporting Form in the Federal Database.
- 20. If the ATR or any other Agency Authorized Person enters the form data into the Federal Database then put the Date performed here and initial.
- 21. When the information is recorded into the **Agency Data Base** by an Agency Authorized Person then put the Date performed here and initial.
- 22. The ATR or other Agency Authorized Person that processed this form signs here.
- 23. The Date The ATR or other Agency Authorized Person processed this form.