



780 Carter Drive ■ Helena, Mt 59601
 Ph (406) 443-3255 ■ Fax (406) 443-3813

Previous Experience Credit Request Form Date _____

COMPLETE THIS FORM AND ATTACH THE FOLLOWING:

- DOCUMENTATION OF PREVIOUS WORK, SCHOOLLAB AND/OR CLASS HOURS
- JOB SITE EVALUATION FORM COMPLETED BY CURRENT EMPLOYER

Applying for: How Many Work/LAB Hour Credit(s) ____ and/or How Many Classroom Hour Credit(s) ____

Name _____ Phone () _____

Address _____ City _____ State ____ Zip _____ New Address? Yes or No

Apprenticeship Begin Date _____ UBC # _____ - _____ Local Union # _____

PREVIOUS WORK EXPERIENCE & SCHOOL LAB HOURS

Work Date(s)	Work Task and/or School LAB Hours Description	Number of Hours Worked AND/OR LAB	Number of Credit Hours Received

Number of Total Previous Work and/or School LAB Hours documented: _____

PREVIOUS CLASSROOM EXPERIENCE

Class Date(s)	Classroom Description	Number of Classroom Hours	Number of Credit Hours Received

Number of Classroom Hours documented: _____

Current Employer _____ Hours Worked (minimum 80 hours) _____

APPRENTICE SIGNATURE: _____ REQUEST APPROVED BY: _____

TOTAL CREDIT GRANTED

____ Work Hour(s) credit ____ RSI Hour(s) credit ____ To be raised from: ____ Year to ____ Year
 Effective Date _____