



RESCHEDULING POLICY & REQUEST FORM

Email to office@carpentertrainingcenter.com or Fax to 406 443-3813

All rescheduling of classes, *including contractor requested* and make-up days, will be coordinated between the **APPRENTICE AND EXECUTIVE DIRECTOR/COORDINATOR.**

All rescheduling must be submitted **IN WRITING** and approved by the Exec Dir/Coordinator at least:

- 14 days prior to scheduled class for a Personal Reschedule
- 7 days prior to scheduled class for a Contractor Reschedule

THIS IS MY RESCHEDULE REQUEST

PERSONAL RESCHEDULE (for Apprentice use)

CONTRACTOR RESCHEDULE (for Employer use)

Reason for Reschedule _____

Class To Be Scheduled **OUT OF** _____ **Date of this class** _____ (see class calendar)

Class To Be Scheduled **IN TO** _____ **Date of this class** _____ (see class calendar)

Open-ended rescheduling will NOT be allowed. Refer to original class calendar that you received at the beginning of the current school year to acquire the needed information

Exceptions:

Excused absence approved by the Exec Dir / Coordinator with documentation supporting the approval to be filed in the Apprentice File. Documentation to include, but not limited to

- Doctor verification for medical absence
- Court document for jury duty
- Note of explanation from Exec Dir / Coordinator

All excused absences must be coordinated between the Apprentice and the Exec Dir / Coor.

I, (*Print Name*) _____ (**Apprentice**) acknowledge that I have read and understand this Reschedule Policy.

Signature _____ Phone # _____ Date _____

I, (*Print Name*) _____ (**CONTRACTOR**) acknowledge that I have read and understand this Reschedule Policy.

Signature _____ Phone # _____ Date _____

*****OFFICE USE ONLY*****

Approved Denied _____ Date _____
Exec Dir / Coordinator