



APPRENTICE ELECTIVE COURSE SELECTION FORM

Appr Dept Phone: (217) 773-9083 FAX: (217) 773-2835

STEPS FOR COMPLETING CLASS ELECTIVE FORM

- 1 - Review current yearly schedule to obtain course date offerings & locations.
- 2 - Select Elective Course, complete form and **obtain signature of Business Manager.**
- 3 - Forward to ILCJATP Appr Department
- 4 - Upon review and approval by Appr Department, class will be scheduled and it will appear on your personal apprenticeship schedule which can be viewed by scanning your QR code on the reverse side of your personal apprenticeship card.

**APPRENTICE IS REQUIRED TO BE AT 85%
WAGE LEVEL BEFORE ELIGIBLE TO
SCHEDULE ELECTIVE COURSE**

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ MI: _____

Last 4 digits SSN: _____ Local Union: _____
(For Verification)

ELECTIVE COURSES

Asbestos Worker	Concrete Worker Advanced	Global Positioning Systems	Hazardous Waste Operations	Landscaping	OSHA30 / Confined Space / Hazard Communications	Scaffold Builder Tech

Indicated by (X) above, which class you are requesting to schedule, list below selected date and facility location

DATE REQUESTED: _____ / _____ / _____

Location:

	Mt Sterling
	Stanford
	Marion
	Edwardsville

I approve the above elective class for this apprentice

Business Manager Signature



Date Signed:

THIS FORM WILL NOT BE PROCESSED WITHOUT SIGNATURE OF BUSINESS MANAGER.