

California Fire Fighter Joint Apprenticeship Committee
APPRENTICE STATUS
 (SEE INSTRUCTIONS ON REVERSE)

TODAY'S DATE:	NAME:	SSN: (Last four digits only or JAC ID#)
MONTH DAY YEAR	LAST FIRST	
HIRING UNIT:		UNIT TRAINING OFFICER / JAC COORDINATOR:

EFFECTIVE DATE OF CHANGE :

<input checked="" type="checkbox"/> Check the changes to the apprentice's status.	
<input type="checkbox"/>	Changed to a Non-Apprenticeship Classification
<input type="checkbox"/>	Change Apprentice status: <input type="checkbox"/> FF II to FAE <input type="checkbox"/> FAE to FF II
<input type="checkbox"/>	Seasonal Appointment: <input type="checkbox"/> 1 st time hire <input type="checkbox"/> Rehire <input type="checkbox"/> Lay offs
<input type="checkbox"/>	Apprentice Transfer: New Unit: _____ <input type="checkbox"/> Date records transferred: _____
<input type="checkbox"/>	Injury: >3 28 day work periods <input type="checkbox"/> Suspend <input type="checkbox"/> Reinstate <input type="checkbox"/> Cancel
<input type="checkbox"/>	Leave of Absence: Reason: _____
<input type="checkbox"/>	Termination: Reason: _____
<input type="checkbox"/>	Voluntary Separation: Reason: _____
<input type="checkbox"/>	Reinstatement: JAC History: _____
<input type="checkbox"/>	Other: _____

COMPLETED BY:

Name: _____ Signature: _____

TO BE COMPLETED BY CFF JAC	
Does the apprentice have <u>less than 6 months</u> left on their agreement	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Agreement Suspended	<input type="checkbox"/> Agreement Cancelled

FF II - Total Apprentice months: _____ Hours to Complete: _____

FAE - Total Apprentice months: _____ Hours to Complete: _____

DATE ROUTED TO: UNIT JAC _____ REGION JAC _____ STATEWIDE JAC _____ CFF JAC _____

INSTRUCTIONS

TODAY'S DATE Enter the month, day and year in which the form was completed.
NAME Last Name, First Name.
SSN Enter last four (4) digits of Social Security Number or JAC identification number.
HIRING UNIT Enter Hiring Unit's Three-letter Identifier (i.e. TCU, SHU, etc)
UNIT TRAINING OFFICER Enter Unit Training Officer or JAC Coordinator name.
EFFECTIVE DATE OF CHANGE VERY IMPORTANT to enter the <u>effective date of change</u> , not the date the form is completed.
APPRENTICE'S STATUS Check the appropriate box. <u>Change to Non-Apprenticeship Classification:</u> Check this box if the apprentice has changed to a Firefighter I, LT or permanent Fire Captain or other classification that does not have an apprentice program. <u>Change Apprentice status:</u> Check apprentice changing from Fire Fighter II apprenticeship to Fire Apparatus Engineer or back. <u>Seasonal Appointment:</u> If the apprentice is a seasonal employee ONLY, and holds no permanent status, check the box for a first time hire, returnee rehire or layoff from the seasonal appointment. <u>Apprentice Transfer:</u> The apprentice's Unit is responsible to track the CAL FIRE-304s. If the apprentice is changing Units, but remaining in the same job classification, all CAL FIRE-304 forms must be transferred to the new Unit. Enter the New Unit's three-letter identifier and check the box if all the training records have been transferred to the new Unit. Note the date the records were sent. <u>Injury:</u> If the apprentice is injured and will be on limited duty for a period of greater than three 28 day work periods; the apprentice's agreement must be Suspended . The time absent or on limited duty need not be consecutive. When the apprentice returns to duty; the apprentice's agreement will be Reinstated. If the apprentice does not return to duty and will not return to the department, the agreement will be Cancelled. <u>Leave of Absence:</u> If the apprentice is granted a leave of absence from the department, a notification must be made to CFF JAC. You must supply a reason for the leave of absence. <u>Termination:</u> Note the reason for the termination in general terms. If the reason is for seasonal or promotional reasons do not check this box, check <u>Change to Non-Apprenticeship Classification</u> or <u>Seasonal Appointment</u> . <u>Reinstatement:</u> This box is for employee's that are returning to state employment on a permanent, not seasonal, basis. Submit any information regarding any previous apprenticeship to the Statewide JAC Coordinator for review at the SubJAC level. <u>Voluntary Separation:</u> If the apprentice leaves the department for reasons other than listed above, check this box and note the reason. <u>Other:</u> Note any other reason to start or terminate a JAC agreement.
COMPLETED BY Enter the name and signature of the person completing the form.
TO BE COMPLETED BY CFF JAC FOR TRACKING PURPOSES CFF JAC will advise the apprentice's Unit JAC Coordinator if the apprentice has less than six months left on their agreement because the apprentice may not be able to sign an additional agreement. The apprentice has the option to accept the new position but will not be able to reinstate or sign a new JAC agreement to their previous apprenticeship occupation. They will also note whether the apprentice's agreement is <u>suspended</u> or <u>cancelled</u> based on the information above. The Statewide JAC Coordinator will be notified of <i>Total Apprentice Months and Hours to Complete</i> by CFF JAC. The Statewide Coordinator will distribute the information as necessary.
DATE ROUTED TO: Date the form when forwarding to any of the apprentice's JAC Coordinators.