



Trained by the Best to Build the Best!

ENROLL NOW FOR THE 2011-2012 SCHOOL YEAR!

APPRENTICESHIP TRAINING AVAILABLE IN:

- CARPENTRY
- CONSTRUCTION CRAFT LABORER
- CONCRETE FINISHING
- ELECTRICAL
- GLAZIER
- HEAVY EQUIPMENT
- HVAC
- INSULATION
- PIPEFITTING
- PLUMBING
- ROOFING
- SHEET METAL
- CONTACT US IF YOU NEED SOMETHING ELSE! *

TRAIN AT A LOCATION NEAR YOU!

- COLUMBUS
- ELKHART
- FORT WAYNE
- INDIANAPOLIS
- LAFAYETTE
- LOGANSPORT
- MUNCIE

*** NOT ALL CRAFTS OFFERED AT ALL SITES.
CONTACT ABC TO SEE WHERE THE CLOSEST TRAINING
CENTER IS THAT WOULD MEET YOUR NEEDS!!**



ABC'S APPRENTICESHIP PROGRAM IS CERTIFIED BY THE **FEDERAL DEPARTMENT OF LABOR BUREAU OF APPRENTICESHIP AND TRAINING** BY THE **NATIONAL CENTER FOR CONSTRUCTION EDUCATION & RESEARCH**. AFTER COMPLETING THE CURRICULA AND THE 8,000 HRS OF OJT'S (ON THE JOB TRAINING), GRADUATES RECEIVE THEIR CRAFT PROFESSIONAL CARD, AND ARE REGISTERED WITH THE US DEPARTMENT OF LABOR. THROUGH ABC'S ARTICULATION WITH **VINCENNES UNIVERSITY**, ABC APPRENTICES WILL ALSO RECEIVE AN ASSOCIATE'S DEGREE OF APPLIED SCIENCE FROM VINCENNES UNIVERSITY.

ABC OF INDIANA

Central-Indianapolis

5001 N. Shadeland Ave.
Indianapolis, IN 46226
1-800-333-9844
Fax: 317-596-4957
carol@abc-indy.org

East Central- Muncie

6930 South S.R. 67
Muncie, IN 47302
1-765-288-0970
Fax: 765-288-0988
angela@abc-indy.org

Northeast-Fort Wayne

46815 Ellenwood Drive
Fort Wayne, IN 46806
1-800-428-6215
Fax: 260-441-9846
Kaylene@abc-indy.org

ENROLLMENT DEADLINE:

AUGUST 31ST 2011

DON'T MISS IT!!



June 6th, 2011

Dear Apprenticeship Sponsor:

Enrollment for the 2011-2012 school year is under way. Enclosed you will find a packet of information that contains the following:

- **Forms to be completed by new apprentices only items 1-4, *returning apprentices item 1 only*. (Please copy as needed).**
 1. Apprentice Training Registration Form (pg.# 3)
 2. Apprentice Release Form (pg # 4)
 3. Apprentice Agreement (Bureau of Apprenticeship Training-U.S. Dept of Labor form) *Part A to be legible, and completed by Apprentice. Note both 4 A and 4B must be completed.*(pg # 6)
 4. Proof of age (birth certificate or drivers' license) and education (copy of diploma or GED) must accompany registration materials.
- **Forms to be completed by the employer (please copy as needed).**
 1. Employer Acceptance Agreement/Company Info (pg # 7)
 2. Apprentice Agreement (Bureau of Apprenticeship Training-U.S. Dept of Labor form) **Part B Line 19 must be signed by employer (pg #6)**
THESE FORMS MUST BE COMPLETED AND RETURNED TO ABC FOR ENROLLMENT TO BE PROCESSED!!
- **Information to be used for future reference:**
 1. **B.A.T. Certification instructions (pg #5)**
 2. OJT memo (pg # 12)
 3. Memo regarding apprenticeship solicitation (pg # 8)
 4. Attendance Info (pg # 9)
 5. Wage Scale info as required by B.A.T. (pg # 14)
 6. Apprentice Drop Form (pg # 11)

*Students will receive blank OJT's at orientation

Should you wish to enroll an apprentice, please forward the completed forms to the ABC office by **August 31st, 2011**. Payment must be received by **September 6th, 2011** for your apprentices to begin class. **PLEASE ALSO SUBMIT THE APPRENTICE TRAINING REGISTRATION FORM FOR ALL RETURNING APPRENTICES. (PG # 3)**

If you have an apprentice who has accelerated knowledge or prior schooling in the trade, please contact ABC regarding testing out to advance a level. Test outs must be employer initiated, (cost \$100 per test maximum of 2 years can be tested out), and be completed prior to August 15th, 2011. If you have any questions, please call!

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APPRENTICESHIP TRAINING REGISTRATION FORM

TRADE: _____ LEVEL: **One Two Three Four**

Location: Columbus Elkhart Fort Wayne Indianapolis Lafayette
(Circle one)
Logansport Muncie Other _____

NAME _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE: () _____ CELL: () _____ EMAIL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ **REQUIRED** VETERAN: ____ Yes ____ No

ANY SPECIAL NEEDS: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: () _____

EMPLOYER: _____ CONTACT: _____

EMPLOYER ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

EMPLOYERS PHONE: () _____ FAX: () _____ EMAIL: _____

**** Student must have Email!!! ** Please make sure FORM is Complete****

Select the Appropriate Tuition (Includes Textbooks \$110, and Vincennes University Book Fee \$33)
 LAB fees (\$75) Paid by ABC APPRENTICESHIP TRUST and Online Programs Fees (\$40) paid by ABC APPRENTICESHIP TRUST

ABC OF INDIANA MEMBER \$743 new student, \$643 returning Student 1st Semester, \$500 2nd Semester (billed Dec. 2011)

NON-MEMBER TUITION \$918 new student, \$818 returning Student 1st Semester, \$675 2nd Semester (billed Dec. 2011)

HEAVY EQUIPMENT (ABC MEMBERS*) \$960 new student, \$860 returning Student 1st Semester, \$750 2nd Semester (billed Dec. 2011)
 * Non members please contact ABC for pricing

ALL Tuition Payments must be PAID IN FULL before the FIRST night of Class in Order to Attend.

**REFUND Policy: Withdrawals/cancellations prior to the class start date will be issued a full refund, following the first class a 75% refund, and following the second class a 50% refund. All refunds are less the textbook price of \$110.00
NO REFUNDS WILL BE ISSUED AFTER THE THIRD CLASS.
RETURN THIS FORM TO:**

ABC OF INDIANA CENTRAL
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Fax 317-596-4957
Email: carol@abc-indv.org

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1-800-428-6215
Fax 260-441-9846
Email: kaylene@abc-indv.org

THIS PAGE MUST BE COMPLETED FOR NEW AND RETURNING STUDENTS BEFORE CLASSES START!
ALL STUDENTS MUST PROVIDE AN EMAIL ADDRESS



APPRENTICE RELEASE FORM

I, _____, release the Associated Builders and Contractors of Indiana, Inc., its officers and representatives from any liabilities and damages in connection to class field trips and/or off school site instruction.

I recognize that apprenticeship is a joint venture between my employer, Associated Builders & Contractors, the U. S. Bureau of Apprenticeship & Training, and Vincennes University. This means that regular reports of attendance and academic progress must be shared between all the agencies involved. I authorize The Associated Builders and Contractors to send and/or receive routine progress reports as necessary.

Should I wish to challenge the recorded information, I may request a hearing to have the information modified and receive a copy of the attendance and progress information.

I hereby authorize the Register of the **NCCER** national craft Training Registry to verify information in my craft training records to sponsor representative upon request. I release and hold harmless the National Center for Construction Education and Research for this verification process. The information included in my registration is true and correct to the best of my knowledge and I grant Associated Builders and Contractors-Indiana Chapter the right to release all course transcripts and any other training documents to my employer or its assignee without recourse.



Apprentice signature: _____

Date: _____

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This page needs ONLY to be completed by NEW students



B.A.T. Registration & Certification

What does B.A.T. stand for?

The U.S. Department of Labor, Bureau of Apprenticeship & Training. All of the trade programs that the ABC Apprenticeship Trust sponsors have been approved by the U.S. Department of Labor, Bureau of Apprenticeship Training.

Steps for registering an apprentice. These are specific steps that you, as an employer, must take before putting an apprentice on a prevailing wage job.

1. Obtain a B.A.T. Apprenticeship Agreement Form. (PG. 6)
2. Have the apprentice complete, in legible printing, Part A- Lines 1, 2, 3, 4A, 4B, 5, 6, and sign on line 8 (also parent signature on line 9 if a minor).
3. Line 18C and 18D will be filled out by the ABC Office using 50% of the entry level journeymen's wage as shown on your Employer Acceptance Agreement. As a merit shop, you are free to pay your apprentices more than the entry wage however, the B.A.T. requires you pay this minimum.
4. Make a copy for your records and mail the ORIGINAL to the ABC Office. ABC will sign the form and forward it to the B.A.T. who will register the apprentice and assign them an ID number. The B.A.T will return the original copy to the ABC Office.
5. The ABC Office will retain the original in the apprentices file and send the employer a signed copy.
6. If an apprentice leaves your employment, you are required to notify the ABC office so the necessary paperwork can be processed with the B.A.T.

IMPORTANT INFORMATION FOR PUBLIC JOBS

Once I have registered an apprentice, can I place him/her on a prevailing wage or common wage job at any time?

No, you must receive certification for each apprentice put on each prevailing wage job. This certification is good for 90 days. Prior to placing an apprentice on a prevailing wage project you must contact the ABC office at least 3 days in advance with the following information.

- A) A written request seeking certification for a prevailing wage job.
- B) Names, and SSN of all apprentices you need certification for.
- C) The ABC office will send you a certification paper. This certification paper **MUST** be submitted with EACH payroll that the apprentice works on this prevailing wage job.

This is your responsibility as the employer. If you place an apprentice on a prevailing wage job without registering him/her with the B.A.T. or prior to receiving the certification paper, you will be required to pay him/her the journeyman's rate.



Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certification must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

OMB No. 1205-0223 Expires: 10/31/2003

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provision of the Privacy Act as amended (Privacy Act of 1974) (P.L. 93-579)

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.

1. Name (Last, First, Middle) and Address (No., Street, City, State, Zip Code)		ANSWER BOTH A AND B (Definitions on reverse) 4. a. Ethnic Group (mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino b. Race (mark one or more) <input type="checkbox"/> Am. Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	5. Veteran Status (mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran 6. Highest education level (mark one) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th to 12 th grade <input type="checkbox"/> GED <input type="checkbox"/> High School or greater
2. Date of Birth (Mo., Day, Yr.)	3. Sex (mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Career Linkages or Direct Entry (mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Youth <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> School-to-Registered Apprenticeship <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Job Corps <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Direct Entry:			
8. Signature of Apprentice Date		9. Signature of Parent/Guardian (if minor) Date	

PART B: TO BE COMPLETED BY SPONSOR.

10. Sponsor (Name and address) Program No. IN00182001 Sponsor Name and Address (No., Street, City, County, State, Zip Code) <div style="text-align: center;"> Associated Builders & Contractors 5001 N. Shadeland Ave. Indianapolis, IN 46226 </div>	11a. Trade/Occupation (The work processes listed in the standards are part of this agreement)		
	11b. Occupation Code	12. Term (Hrs., Mos., Yrs.) <div style="text-align: center;">4 YEARS</div>	13. Probationary Period (Hrs., Mos., Yrs.) <div style="text-align: center;">500 HOURS</div>
	14. Credit for previous experience (Hrs., Mos., Yrs.)	15. Term remaining (Hrs., Mos., Yrs.)	16. Date apprenticeship begins (Indenture date)
17a. Related Instruction (number of hours per year) <div style="text-align: center;">144</div>	17b. Apprentice wages for Related Instruction <input type="checkbox"/> Will be paid <input type="checkbox"/> Will not be paid	17c. Related Training Instruction Source	

18. Apprenticeship Wages: (Instructions on reverse)										
	Period 1	2	3	4	5	6	7	8	9	10
a. Term (Hrs., Mos., Yrs.)	1000 hrs	1000 hrs	1000 hrs	1000 hrs	1000 hrs	1000 hrs	1000 hrs	1000 hrs	1000 hrs	1000 hrs
b. Percent	50%	55%	60%	70%	75%	80%	85%	90%		

18c. Journevrorker's or completion hourly wage \$	18d. Apprentice entry hourly wage \$
19. Signature of Sponsor's Representative(s) (EMPLOYER) Date Signed	21. Name and address of sponsor designee to receive complaints (If applicable)
20. Signature of Sponsor's Representative(s) Date Signed	

PART C: TO BE COMPLETED BY REGISTRATION AGENCY.

22. Registration Agency and Address USDOL/BUREAU OF APPRENTICESHIP & TRAINING Two Park Fletcher – Suite 200 5420 West Southern Ave. Indianapolis, Indiana 46241 317 226 7005	23. Signature (Registration Agency)	24. Date Registered
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25. Apprentice Identification Number (Definition of reverse): _____

PLEASE USE A SEPARATE FORM FOR EACH TRADE

EMPLOYER ACCEPTANCE AGREEMENT 2011-2012

Must be returned EACH YEAR to register students with the Department of Labor

_____ hereby agrees to comply with the provisions of the Apprenticeship Standards formulated by
Company Name
the Associated Builders and Contractors, Indiana Chapter, Inc. I agree to carry out the intent and purpose of the said Standards and to abide by the rules and decisions of the Apprenticeship Committee established under these standards by the Associated Builders and Contractors, Indiana Chapter, Inc.

I agree to accept financial responsibility for registration, tuition, and book fees for all apprentices that are employed by
_____. I understand that this agreement does not prevent me from making arrangements with my
Company Name
apprentices to reimburse _____ for all or a set portion of their registration, tuition and book
Company Name
expenses.

I do hereby request certification to train _____ apprentices, under the provisions of these
List Trade
standards, with all attendant rights and benefits thereof, until canceled voluntarily or revoked for good cause by the registration agency.

The total number* of journeymen employed by our company in this trade is _____ (required)

The entry level journeymen's rate* for our company in this trade is \$ _____ (required)

*The Department of Labor now requires this information and will NOT register apprentices without it. 50% of your stated entry level journeyman's rate is the required minimum starting wage you must pay your new apprentices. See "Wages of Apprentices" sheet which give *required* wage structure for 2, 3, and 4 year programs.

COMPANY INFORMATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

SAFETY DIRECTOR: _____

FOR TRAINING ISSUES, PLEASE CONTACT _____

Via: ___ Phone ___ Fax ___ US Mail ___ Email _____

Do we have permission to fax you information about our apprentice and training programs? _____

Signed: _____

Date: _____

Title: _____

Print Name: _____

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Associated Builders
and Contractors, Inc.
Indiana Chapter
5001 N. Shadeland Ave.
Indianapolis, Indiana 46226

Memo

To: ABC Apprenticeship Sponsors
From: Eric Flora, Chairman, Apprenticeship Trust
Date: June 10, 2011
Re: Apprentice Solicitation

The Indiana ABC commitment to training and education of craftspeople has resulted in a mature and effective apprenticeship program. Last year 550 students and 68 instructors participated in our apprenticeship program. Indiana ABC's apprenticeship program is the standard by which other programs are measured. The beneficiaries of this training program include the industry, the employer and the employee.

The participants have a long standing gentleman's agreement to not solicit or steal apprentices. Apprentices have the right to work and may seek employment from whomever they please. Employers and instructors are expected to honor a code of conduct which prohibits soliciting apprentices from participating employers. The purpose of the apprenticeship program is to provide a method to develop, attract and retain quality employees. Recruitment of apprentices by employers or instructors in the program will discourage participation, disrupt on-the-job training, and lead to an escalation of retaliatory employment raids.

If your apprentices are being solicited by fellow ABC members please contact Kaylene Smith or J.R. Gaylor (317) 596-4950 or 1-800-333-9844.



ABC ATTENDANCE POLICY

**Please note ABC's attendance policy.
All apprentices will be notified of this policy at orientation.**

Any apprentice whose absences exceed the allowed Trust maximum hours of **8 hours per semester** will be DROPPED from class. Absence hours are counted by semester, rather than by year. At the beginning of 2nd semester, all apprentice attendance records will start over.

After 8 hours have been missed, the apprentice will be dismissed from the program. Exceptions include: Maternity/Paternity Leave, Military Duty, Jury Duty, and Employer Mandated Work. All apprentices are still required to make up any hours missed due to the above reasons. Maternity/paternity Leave, Military duty, Jury duty, and Employer Mandated Work will be the only absences that will apply to make up time. **THERE WILL BE NO EXCEPTIONS EXCEPT AS GRANTED BY THE LOCAL APPRENTICESHIP COMMITTEE.**

Students using Contren Connect in their classes will have weekly online assignments to complete, if they do not complete these assignments they will be counted absent for all hours assigned.

It is the responsibility of the apprentice to make sure he/she is present during roll calls. If the apprentice is late, IT IS HIS/HER RESPONSIBILITY TO LET HIS/HER INSTRUCTOR KNOW THEY ARE PRESENT. Failure to do so will result in an absence for the day.

EMPLOYER MANDATED WORK ABSENCES

Sponsoring companies are asked to limit apprentice travel as much as possible. In the event a sponsor cannot avoid sending an apprentice out of the area, the following policy will be in effect.

1. Each apprentice is limited to **3 nights (12 hours)** of employer mandated travel each semester (These hours are in addition to the 8 hours allowed to each apprentice per semester). For each of the nights missed, the employer must sign an employer mandated work make-up form (Page # 10.) **All absence hours will be held against the apprentice until the form is completed and signed by the employer, and all make-up work is completed.**
2. It is ABC's policy to verbally confirm the information submitted by the apprentice on the Employer Mandated Work Make-Up Form with the employer.
3. In the event that a sponsoring company has to send an apprentice out of town for longer than the maximum allowed number of nights, that company must make up a training plan and present to the local apprenticeship committee for approval in order for their apprentices to remain in the program. This plan will need to include having a journeyman pass ABC Instructor Certification Program. This journeyman instructor will be responsible for grades and evaluations of the students who are traveling with him/her.



INDIANA CHAPTER

EMPLOYER MANDATED WORK MAKE-UP FORM

Apprentice: _____ Date: _____

Trade: _____ Level ____ Instructor: _____

Date of absence: _____

Instructor's Signature: _____

Reason for absence: _____

Employer: _____

Supervisor: _____

Supervisor's Signature: _____

Where make-up time occurred: _____

Date make-up work took place: _____

Hours completed during make-up work: _____

Instructor with whom make-up time was completed: _____

Modules covered: _____

Make-up Instructor's Signature: _____

Apprentice Signature: _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR MAKE-UP TIME TO BE DEDUCTED FROM SEMESTER-TO-DATE MISSED HOURS. THERE WILL BE NO EXCEPTIONS.

*****ALL FORMS SUBMITTED WILL BE VERBALLY CONFIRMED WITH THE EMPLOYER*****

RETURN TO ABC OF INDIANA

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APPRENTICE DROP FORM

Please complete the following form and return to ABC when an apprentice has been terminated from employment.

Company Name: _____

Phone Number: _____ Training Contact: _____

Apprentice Name: _____ Termination Date: _____

*PLEASE MARK REASON FOR APPRENTICE DROP:

- CANCELLATION CODES:**
1. DISCHARGED/RELEASED
 2. LEFT FOR RELATED EMPLOYMENT
 3. LEFT FOR OTHER EMPLOYMENT
 4. UNSATISFACTORY PERFORMANCE
 5. LACK OF WORK
 6. ENTERED MILITARY SERVICE
 7. TRANSFERRED
 8. ILLNESS/DEATH
 9. PROGRAM CANCELLED BY SPONSOR
 10. VOLUNTARILY QUIT
 11. UNKNOWN

CANCELLATION CODE # _____

Signed: _____ Date: _____

Title: _____

If you have any questions, please contact your ABC Training Coordinator.

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Associated Builders &
Contractors, Inc.
5001 N. Shadeland
Ave.
Indianapolis, IN 46226

Memo

To: Apprenticeship Sponsors
From: Carol Godby, Angela Wilson, Kaylene Smith
Date: 6/10/2011
Re: OJT Checklist

As you know, all apprentices enrolled in the ABC Apprenticeship Training Program are responsible for reporting their On The Job Training Hours to the Department of Labor. The reports are due to the ABC Office on a monthly basis. The reports are entered into our computer system, and then reported to the Department of Labor. Reports completed incorrectly will be returned to the apprentice for correction. The apprentices are responsible for returning corrected OJT's to the ABC Office. The following is a checklist of what the sponsor/apprentice should proofread before sending the OJT Reports to the ABC office. This will expedite the OJT Reports process.

******Grades will be held at the end of each semester until OJT's are current.******

- 1. All reports must have the apprentice's signature and the supervisor's signature.**
- 2. Check the addition of the "Breakdown of Hours".**
- 3. The "Total Hours This Month" should be the apprentice's actual hours worked.**

It is mandatory that all apprentices complete On The Job Training Reports. They will receive blank reports at their orientation and may obtain additional blank reports from their instructor. If desired, you may request additional copies from the ABC Training Coordinator. Please make your apprentices aware they cannot obtain Journeyman status until the required number of OJT hours is completed. **GRADES WILL BE HELD EACH SEMESTER UNTIL OJT HOURS ARE BROUGHT UP TO DATE!!!**

If your apprentice is receiving educational benefits under the Montgomery GI Bill, OJT hours must be reported EXACTLY TO THE LAST DAY OF THE MONTH, regardless of when the pay period ended. These OJT reports are subject to corroboration with employer's payroll records in the event of a Veterans Administration audit.

Thank you for your cooperation



VINCENNES UNIVERSITY DEGREE ARTICULATION POLICY

Through ABC's articulation with Vincennes University, ABC apprentices will receive an Associate's degree upon completion of our apprentice program. Each student will take 20 contact hours per year of General Education classes, 2 online/correspondence courses and upon graduation, will receive an Associate's degree from Vincennes University.

1. There will be a small book rental fee each year associated with the class. The book fee will be handled like traditional apprenticeship curricula.
2. There will be take home assignments.
3. **Mandatory for ALL apprentices (unless prior accredited college degree).**
4. Each apprentice will have to take an assessment test with Vincennes University prior to the first class (Tests will be offered at the ABC facilities for all students.) Vincennes will offer remediation for any student who does not pass the assessment test.
5. For students who cannot pass the assessment test, they may continue in the apprenticeship program and receive a Certificate of Technical Achievement (CTA) upon graduation rather than a diploma under the following conditions:
 - Students must take the assessment test at least 4 times.
 - After the second failure of the assessment, students must take the remediation offered by Vincennes.
 - Vincennes will evaluate each assessment to determine the level of effort involved in taking the assessment.
6. Classes will be held at ABC Training facilities across the state. With 2 on line/correspondence courses.
 - First year class- Personal Finance (ECON)
 - Second year class- English (ENG)
 - Third year class- Interpersonal Communication (SPCH)
 - Fourth year class- Environmental Science (ENV.)
 - Online class 1- Fitness and Wellness (can be taken at any time during apprenticeship)
 - ❖ Students must provide certification of First Aid/CPR (from Red Cross or American Heart) and take the Vincennes book portion also. First Aid/CPR classes will be offered free of charge during the school year.
 - Online class 2 – Earth Science (can be taken after Third year class is complete)
7. For anyone taking the Vincennes classes, **20 attendance hours are mandatory.** If you exceed allowable hours of absences, do not complete the class, or fail the class, you will have to re-take the entire course. **Absences from Vincennes classes will not count against your allowed hours of absence in traditional apprenticeship class.**
8. Students who have previous college credit or military experience may be granted credit for some of the required General Education classes.

If you have any questions regarding prior credit or military experience, please contact:

Jennifer Bozek
(317) 849-5983 – Office
(317) 849-6097 - Fax
jbozek@vinu.edu – email



WAGES OF APPRENTICES

Apprentices shall be paid a progressively increasing schedule of wages based on percentage of wages paid to journeyman. Where the journey’s wage rate or wage schedule for that project is established by construction contract agreement, that rate, if higher, will govern over journeyman rates established herein.

Within each registered craft, the average of the individual contractor’s beginning journeyman rates will become the journeyman rate upon which the apprentice wage schedule (as listed with the trade work processes) is applied for apprentices employed by that contractor.

Each individual participating contractor shall be responsible for the submission of journeyman pay rates for each craft employed by the company. **The journeyman pay rates are based on OJT hours as well as classroom hours and job performance.** It will be the contractor’s responsibility to maintain the information on an up-to-date basis. Surveys will be conducted annually by each participating contractor to determine his average journeyman wage rate, and if there has been any change in the rate from the last reporting period, the apprenticeship committee will be notified.

APPRENTICE WAGE STRUCTURE

<u>Four Year Program</u>		<u>Three Year Program</u>		<u>Two Year Program</u>	
Hours	Percentage	Hours	Percentage	Hours	Percentage
0 – 1000	50%	0 – 1000	50%	0 – 1000	50%
1001 – 2000	55%	1001 – 2000	60%	1001 – 2000	65%
2001 – 3000	60%	2001 – 3000	70%	2001 – 3000	80%
3001 – 4000	70%	3001 – 4000	75%	3001 – 4000	90%
4001 – 5000	75%	4001 – 5000	85%		
5001 – 6000	80%	5001 – 6000	90%		
6001 – 7000	85%				
7001 – 8000	90%				

***Nothing in these standards shall be constructed to prohibit an employer from paying wages and benefits which exceed the percentages set forth above.**

***Information noted is from ABC TRAINING STANDARDS-INDIANA CHAPTER:
Apprenticeship/Employee- In-Training Handbook**