INCENTIVE PLAN CLAIM FORM

APPRENTICE NAME________________________  DATE SUBMITTED________________

(Due by September 30th of each school year)

CHECK EACH STATEMENT THAT APPLIES TO THE SCHOOL YEAR YOU JUST COMPLETED:

_____   No more than 4 period absences have been recorded for me this past school year.

_____   No more than 2 work reports have been recorded as “late” from September 1st of last year through August 31st of this year.

_____   I have attended at least 4 union meetings this past school year OR I was unable to attend meetings due to my school schedule.

If all statements above can be checked as true, sign below and submit form to the JATC office for processing. You will receive an email stating your approval/denial, and if approved, the $200 award will automatically be applied to the Administration fee balance due.

__________________________________
(Signature of Apprentice)

For Office Use Only

POINTS EARNED

PLAN CLAIM YEAR ______________________

______ Attendance (60 minus any total periods missed for plan year.)

______ Work Reports (12 minus any late work reports this year.)

______ Subject Score (Number of subject scores greater than 84% this year.)

______ Union Meetings (Number of recorded meetings attended this year-max 8)

______ JATC/212 Service (Number of recorded service events up to 5.)

______ Community Service (Number of recorded service events up to 2.)

______ Blood Drive ( 1 point if donated blood at JATC Blood Drive.)

______ Total Points

CHECK SCHOOL YEAR IN WHICH POINTS WERE EARNED

______Year 1 (74 points)   ______Year 2 (74 points)   ______Year 3 (80 points)

______Year 4 (80 points)   ______Year 5 (80 points)

Initials: ______
Approved: _________
Denied: __________
Notified: __________
Payment Applied: __________

Kelly/Documents/Incentive Plan/Claim Form