

INCENTIVE PLAN CLAIM FORM (Rev. 2/23)



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 late work reports** have been recorded 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 12)

_____ 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**

Initials: _____
Approved: _____
Denied: _____
Notified: _____
Payment Applied: _____

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)