



ADDENDUM TO APPRENTICESHIP AGREEMENT



The
(Sponsor/Association Name) (MATC No.)

Request the transfer of
(Apprentice Name) (Social Security Number)

to # on
(Participating Employer) (Employer #) (Effective Date)

with hours of work experience credit, and the Employer's average journeyman rate of
(Current OJT Hours)

\$ per hour. *(Indicate in dollars and cents if the program's wage rate is not established by a collective bargaining agreement)*

The Apprenticeship term originally began with #
(Participating Employer)

on , allowing a credit of hours for on-the-job training. The Apprenticeship
(Month, Day, Year)

projected completion date is
(Month, Day, Year)

IN WITNESS WHEREOF, THE PARTIES HEREUNTO AFFIX THEIR SIGNATURES:

(Apprentice Signature)

(Signature of Sponsor's Authorized Official)

(Address)

(Title of Authorized Official)

(City, State, Zip)

(Address)

(Parent/Guardian Signature)

(City, State, Zip)

(Date)

(Signature And Title Of Authorized Official) ,Director

MD Council B.A.T. Sponsor Participating Employer Apprentice

**Division of Workforce Development and Adult Learning
Maryland Apprenticeship and Training Program
100 S. Charles Street, Tower 1, Suite 2000
Baltimore, MD 21201
410-767-2246**

e-mail: dmatpapprenticeshipandtraining-labor@maryland.gov