Department of Workforce Development

Division of Employment and Training

Bureau of Apprenticeship Standards

**APPEAL OF CANCELLATION OF APPRENTICESHIP**

This is a voluntary form for appeal of an apprenticeship contract cancellation. The personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats.].

**Contact Information**

|  |  |
| --- | --- |
| Apprentice Name      | Date of Birth      |
| Apprentice Address      | City      | Zip Code      |
| Telephone Number      | Email Address      |
| Sponsor/Committee Name      | Date Cancellation Notice Was Received      |

**Determination**

*(*[*Wis. Admin. Code § DWD 295.20*](https://docs.legis.wisconsin.gov/code/admin_code/dwd/295_296/295/20)*)*

Submit this form within **20 DAYS** of the cancellation notice or the appeal will be dismissed. The Bureau of Apprenticeship Standards will determine if a hearing or reversal of the cancellation is warranted. If the contract was cancelled for any of the following reasons no further action will be taken:

1. The apprentice is within the probationary period of the contract;
2. Employee absenteeism or tardiness at work or school;
3. Employee use of drugs or alcohol at work or school;
4. Insubordination;
5. Refusal to perform work as assigned; or,
6. Employee violations of the employer's printed work rules.

**Basis for Appeal**

Explain in detail why you are appealing the cancellation of your apprentice contract. Attach to this form additional pages if necessary and any supporting documentation you wish BAS to consider in its review.

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**Signature of Apprentice or Authorized Representative:**

|  |  |
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| Signature | Date Signed      |

**Submit to:**

Director, Bureau of Apprenticeship Standards

P.O. Box 7972

Madison, WI 53707