

**LOUISIANA WORKFORCE COMMISSION
OFFICE OF WORKFORCE DEVELOPMENT
LABOR PROGRAMS SECTION
APPRENTICESHIP DIVISION
POST OFFICE BOX 94094
BATON ROUGE, LOUISIANA 70804-9094**

APPRENTICESHIP NOTICE OF CANCELLATION

The Program Sponsor shall report all terminations and cancellations to the Louisiana Workforce Commission - Apprenticeship Division on a timely basis. The Notice of Cancellation must be signed by an authorized representative of the Program Sponsor.

Program Sponsor

Program Number

Apprentice Last Name

First Name

MI

Social Security No.

Indenture Number

Trade

Date Apprenticeship Began (MM/DD/YYYY)

Date of Termination/Cancellation (MM/DD/YYYY)

Explanation of Termination/Cancellation:

Name of Authorized Program Sponsor Official

Title

Signature

Date

LWC Program Compliance Officer

Date