WORK-BASED TRAINING HOURS REPORT

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SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	**Total number of work-based training hours reported during this period.**
Start Date: _____ (MM/DD/YYYY) End Date: _____ (MM/DD/YYYY)	_____ Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.

C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? ☐ Yes (Employer Name Required) ☐ No	Previous/Alternate Employer Name:

Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."

The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.