

**Workforce Development System**  
**Registered Apprenticeship Program Technical Advisory #23-01**  
**September 15, 2023**

**To:** Sponsors of New York State (NYS) Registered Apprenticeship Programs (RAPs)

**SUBJECT:** Monitoring of NYS RAPs

**PURPOSE**

Outline the NYS Department of Labor (NYSDOL) process for the monitoring and provision of technical assistance to NYS RAPs including, but not limited to, compliance with federal and State laws; providing equal opportunity in employment; and compliance with NYSDOL standards for RAPs. Regular monitoring visits are conducted to ensure apprentices are receiving the training necessary to attain journeyworker skills and status in their occupation; the program is being conducted in accordance with approved operating standards; and the welfare of apprentices is safeguarded.

**POLICY**

NYSDOL's virtual and in-person monitoring, oversight, and provision of technical assistance activities are led by NYSDOL's Apprenticeship Training Representatives (ATRs) and shall be performed collaboratively with sponsors of NYS RAPs.

NYSDOL ATRs will monitor NYS RAPs in good standing one (1) time per year. Visits will generally alternate between in-person and virtual, but will be conducted in-person more often if deemed necessary.

NYSDOL ATRs will monitor NYS RAPs that are on probation or on an active corrective action plan two (2) times per year. Visits may alternate between in-person and virtual. Newly approved programs will have their first monitoring visit conducted within the first six (6) months of the date of program approval.

Technical assistance will be provided as needed and/or requested, and will be conducted either virtually or in-person depending on the nature of the technical assistance being provided.

**ACTION**

NYS RAPs shall actively participate in virtual and in-person monitoring and technical assistance. NYS RAP Sponsors will provide NYSDOL with access to requested

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information and documentation pertinent to monitoring duties as outlined in this RAP Technical Advisory.

## REFERENCES

[Labor Standards for the Registration of Apprenticeship Programs \(29 CFR Part 29\)](#)

[Equal Employment Opportunity in Apprenticeship \(29 CFR Part 30\)](#)

[Labor Law, Article 23](#)

[Equal Employment Opportunity in Apprenticeship Training \(Part 600\)](#)

[Regulations Governing the Registration of Apprenticeship Programs and Agreements \(Part 601\)](#)

AT 10 Form – Provisions on the Apprenticeship Training Program Registration Agreement

AT 401 Form – Apprenticeship Agreement

## INQUIRIES

Please direct all inquiries to your local ATR. A list of ATRs by region is located here: [Apprenticeship Contacts | Department of Labor \(ny.gov\)](#).

## ATTACHMENTS

A. Monitoring Policy for New York State Registered Apprenticeship Programs

B. AT 10 Form – Apprentice Training Program Registration Agreement

C. AT 401 Form – Apprenticeship Agreement

D. AT 12 Form – Apprentice Training Program Monitoring Report

E. AT 12.1 Form – Probation Evaluation Sheet

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## MONITORING POLICY FOR NEW YORK STATE REGISTERED APPRENTICESHIP PROGRAMS

### Scheduling a Monitoring Visit

- The Apprenticeship Training Representative (ATR) assigned to the program and sponsor representative for the program work together to schedule the program’s monitoring visit. As a best practice, ATRs and sponsors are encouraged to schedule the next monitoring visit during the current visit.
- The ATR will send a “Confirmation of Monitoring Appointment” to the sponsor which may include a list of apprentices to be seen during the visit. In larger programs, if the ATR is only able to interview a portion of apprentices, please see the “Interviewing” section below.
- If three attempts have been made by the ATR to contact a sponsor and the sponsor has not responded, the ATR will send an “Unable to Schedule Monitoring Appointment” letter to the sponsor via certified mail, return receipt requested.
  - If the sponsor does not respond to the “Unable to Schedule Monitoring Appointment” letter within seven (7) business days of the date of the letter, the ATR may recommend formal deregistration of the program.
  - Sponsors may request to reschedule a monitoring visit no more than twice per monitoring round. The monitoring appointment must be rescheduled within ten (10) business days of the date of the original appointment (Assessment of extenuating circumstances will be determined by the ATR/Supervising ATR).
- Monitoring visits are conducted one (1) time per calendar year for programs that are in good standing and have completed their initial probationary period. Visits for programs requiring only one (1) monitoring per year may be conducted in-person whenever possible.
- Monitoring visits are conducted two (2) times per calendar year for programs on probation or under an active Corrective Action Plan (CAP). The first visit will be conducted between January and June, and the second will be conducted between July and December, and may alternate between in-person and virtual at the ATR’s discretion.
- Newly approved programs on probation will have their first monitoring visit conducted within the first six (6) months of the date of program approval. In addition to regular monitoring activities, the ATR may provide technical assistance as needed to assist the sponsor in developing a quality program during the probationary period. This visit will be conducted in-person.

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- Monitoring visits for programs granted inactive status or without an apprentice will be conducted one (1) time per calendar year and may be conducted virtually or in-person at the ATR's discretion.
- Monitoring visits for programs that have been recommended for formal deregistration will be conducted at the ATR's discretion and may alternate between in-person and virtual.
- Monitoring visits for programs that are due for recertification must be conducted within six (6) months of the recertification date.
- Monitoring visits may be conducted more frequently based on the discretion of the ATR or Supervising ATR.
- Technical assistance may be provided at and between monitoring visits as needed.

### Preparing for a Monitoring Visit

- The ATR will provide a copy of the AT 1003 – Program Roster Report, which lists all active apprentices, to the sponsor in advance of or during the visit so that the sponsor can compare to their records to ensure the roster is correct and up to date.
- The sponsor should be prepared to review and/or discuss the following:
  - Approved apprentice wage progression on the AT 10 Form – Apprentice Training Program Registration Agreement. Documentation of current wages may be required from the sponsor and/or apprentices;
  - Documents from recent monitoring visits, including but not limited to:
    - AT 12 Forms – Apprentice Training Program Monitoring Reports; and
    - CAPs, if applicable.
  - AT 602 Form – Non-Discrimination Plan (Short Form) for programs with four (4) or fewer apprentices; or AT 603 Form – Apprentice Training Program Affirmative Action Plan, for programs with five (5) or more apprentices. The ATR will review the plan with the program sponsor to ensure the plan is current and appropriate based on the number of apprentices enrolled in the program. In addition, the sponsor should be prepared to discuss any recent or upcoming recruitment efforts, existing rank lists, and list(s) of apprentices that are out of work or on layoff;
  - The program's work process training outline(s) to ensure the most up-to-date outline is being followed by the sponsor and determine if any revisions are necessary; and
  - Any other information that pertains to the monitoring visit or program, including but not limited to, any barriers or issues the sponsor is

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experiencing, either company-wide or specifically related to the apprenticeship program.

### **During the Monitoring Visit**

- During the monitoring visit, the following areas will be reviewed with both the sponsor and apprentice(s):
  - Work site training – Appendix A of the training outline:
    - Apprentice task rotation and Blue Books;
    - Wage compliance and payroll records; and
    - Apprentice safety, supervision, and compliance with the approved apprentice to journeyworker ratio.
  - Related Instruction (RI) – Appendix B of the training outline:
    - Apprentice attendance in RI;
    - Apprentice progress in RI; and
    - Any concerns related to RI.
  - The sponsor’s program operation and administration, including compliance with Labor Law Article 23, Apprenticeship Regulations Parts 600 and 601, and policy and provisions on the AT 10 Form and AT 401 Form – Apprenticeship Agreement;
  - Equal Employment Opportunity efforts, including completing a new AT 603 Form if due for renewal;
  - Current and future recruitment efforts, if applicable;
  - Probation, if applicable;
  - Recertification, if applicable;
  - Funding opportunities, if applicable; and
  - Technical assistance.

### **Interviewing**

- Both the sponsor representative and apprentice(s) will be interviewed by the ATR.
- The sponsor should be prepared for individual interviewing of each apprentice without the presence of the sponsor representative.
  - A private space, such as a break room or empty office, should be provided for interviewing whenever possible.
- A sample of apprentice(s) based on program size as outlined below must be interviewed.

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- Additional apprentices beyond the required sample size may be interviewed if time permits, based on ATR discretion.

Number of apprentices in sponsor's program	Approximate percent to be seen during each round of monitoring
10 or fewer	90%
11 to 25	50%
26 to 39	40%
40 or more	25% or a maximum of 40, whichever is less

- The sponsor is required to maintain, and have available, records for all registered apprentices regardless of whether they are being interviewed during this visit.

### Identifying Issues During Monitoring Visits

- The ATR will discuss with the sponsor any areas of concern or issues identified during the monitoring visit.
- Areas of concern during the monitoring visit are documented as either a Finding or an Observation.
  - A Finding is defined as an area where a sponsor is out of compliance with Labor Law Article 23, Apprenticeship Regulations Parts 600 or 601, or Department policies.
    - All Findings require the sponsor to submit a CAP.
  - An Observation is defined as an area where changes are recommended to improve program quality, service effectiveness, or program results.
    - Observations may include an area of concern that if not resolved, could lead to a Finding in the future.
    - Observations do not require the sponsor to submit a CAP.

### Documenting the Monitoring Visit

- The ATR will complete an AT 12 Form following the visit.
- Within thirty (30) business days of the monitoring visit, a "Findings and Observations" or "Monitoring Visit, No Findings" letter and a copy of the AT 12 Form and AT 12.1 Form – Probation Evaluation Sheet, if applicable, will be sent to the sponsor.
  - The "Monitoring Visit, No Findings" letter, attachments, and a copy of the AT 12 Form may be sent via email if the sponsor prefers.
  - If a Finding(s) is/are issued, the "Findings and Observations" letter will be sent to the sponsor certified mail, return receipt requested.

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## Corrective Action Plans

- All findings identified in the “Findings and Observations” letter require the sponsor to submit a CAP for Department approval to the ATR within thirty (30) business days from the date of the letter. The ATR will assist the sponsor as necessary to complete a CAP.
- If the sponsor does not submit a CAP for approval within thirty (30) business days from the date of the “Findings and Observations” letter, they will be sent a “Failed to Submit Corrective Action Plan” letter via certified mail, return receipt requested. A “Failed to Submit Corrective Action Plan” letter requires the sponsor to submit a CAP within fourteen (14) business days from the date of the letter. Once the CAP is received by the Department and reviewed, the Department will send the sponsor a “Corrective Action Plan Approval” letter via mail or e-mail or a “Corrective Action Plan Rejection” letter via certified mail, return receipt requested.
- If the CAP is approved, the ATR will contact the sponsor to follow up within thirty (30) business days from the date of the “Corrective Action Plan Approval” letter to monitor the progress of the CAP. The ATR will also follow up with the sponsor on the status of the CAP at the next monitoring visit and subsequent visits to ensure the CAP is being adhered to. The ATR will continue to follow-up regularly to ensure the sponsor is adhering to the CAP appropriately until the CAP is resolved. Follow-up will occur at subsequent monitoring visits and may occur more frequently at the discretion of the ATR. Status of the finding and CAP will be indicated on the AT 12 as resolved, or if the finding and CAP are not yet resolved, guidance will be provided on further action to be taken by the sponsor and will be documented accordingly on the AT 12.
- If the sponsor does not adhere to the CAP within the specified timeframe, the Department will send the sponsor a letter indicating they have failed to comply with the CAP. The sponsor must respond by submitting documentation to their ATR showing proof of progress toward their CAP. Failure to provide this documentation will result in their program being recommended for formal deregistration.
- If the CAP is rejected, the sponsor will have fourteen (14) business days from the date of the “Corrective Action Plan Rejection” letter to revise their CAP and resubmit for Department approval to the ATR. If the sponsor does not resubmit a CAP for approval within fourteen (14) business days from the date of the “Corrective Action Plan Rejection” letter, the ATR will send a “Failed to Submit Corrective Action Plan” letter via certified mail, return receipt requested. A “Failed to Submit Corrective Action Plan” letter requires the sponsor to submit a CAP within fourteen (14) business days from the date of the letter.
- If the sponsor fails to submit a CAP within fourteen (14) business days from the date of the “Failed to Submit Corrective Action Plan” letter, the sponsor may be recommended for formal deregistration.

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## Apprentice Training Program Registration Agreement

Revision

Nature of Change: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State Use Only
AT Sponsor No.
ATP Code
Effective Date of AT Program

1. Name of Sponsor: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
 (number & street) (city) (state) (zip code) (county)
3. Actual Address: \_\_\_\_\_  
 (number & street) (city) (state) (zip code) (county)
4. Telephone No.: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax No.: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Trade/Occupation: \_\_\_\_\_
7. No. Employees: \_\_\_\_\_ No. Apprentices: \_\_\_\_\_ No. Journeyworkers: \_\_\_\_\_ 8. Ratio: \_\_\_\_\_
9. DOT Code: \_\_\_\_\_ 10. Length of Program: \_\_\_\_\_ months
11. Apprentice Probationary Period: \_\_\_\_\_ 12. Work process: Standard  or Revised
13. Minimum Journeyworker Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ 14. Effective Date of Wages: \_\_\_\_\_

15. Apprentice wage progression for each period – in months (M) or hours (H)

	1	2	3	4	5	6	7	8	9	10
Months (check):	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Hours (check):	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours: Wage rate: <i>or</i> , percentage of the journeyworker rate:										

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. \_\_\_\_\_ 18. \_\_\_\_\_  
 Signature of Official Sponsor Representative Date Signature of Union Representative Date

\_\_\_\_\_  
 Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
 Signature New York State Department of Labor Date



## Provisions for Agreements

1. The Sponsor agrees that apprentices shall be hired without any direct or indirect limitation, specification or discrimination as to race, color, religion, national origin, sex, disability, marital status, age, arrest record, or veteran status.
2. If the Sponsor grants advance credit or standing for previously acquired experience or training, the Sponsor agrees to apply the same evaluation method uniformly for all apprentices.
3. The Sponsor agrees to post, in a conspicuous place, a copy of the Regulation (600. 12) dealing with the Equal Employment Opportunity complaint procedure, and to bring its provisions to the attention of all apprentices.
4. The Sponsor agrees to follow and comply with the approved Work Process, the Equal Employment Opportunity in Apprenticeship Training Part 600 Regulations, and the Regulations Governing the Registration of Apprenticeship Programs and Agreements, Part 601.
5. The Sponsor agrees to provide competent supervision of worksite training and adequate facilities to train apprentices.
6. The Sponsor agrees to instruct apprentices in safe and healthful work practices and agrees to ensure that training is provided in facilities and other environments that are in compliance with the safety and health standards promulgated by the Secretary of Labor under Public Law 91-596, and the Public Employees Safety and Health Act of the New York State Labor Law Article 2; Section 27-A.
7. The Sponsor agrees to evaluate the progress of all apprentices at least every six months, including job performance.
8. The Sponsor agrees to pay all apprentices a progressively increasing scale of wages as indicated on the front side of this form.
9. The Sponsor agrees to pay no less than the minimum journeyworker rate to each apprentice who completes the apprentice program and becomes eligible to receive a state Certificate of Completion.
10. The Sponsor recognizes that prevailing wage rates for Public Work projects are set by designated government agencies and the wages listed in this program do not supersede or replace the wage rates set by those agencies.
11. The Sponsor agrees that the Department of Labor may recognize successful completions of apprenticeships by awarding State Certifications of Completion and agrees to accept presentation of the certificate as documentation of journeyworker status.
12. The Sponsor agrees to maintain records for each apprentice including but not limited to: job assignments, promotion, demotion, lay-offs, terminations, rates of pay, progress in training as outlined on the Work Processes, any other records pertinent to a determination of compliance with Article 23 of the Labor Law and in compliance with Apprenticeship Regulations, Part 600 and 601.
13. The Sponsor agrees to promptly record, maintain and submit to the Department of Labor all records concerning apprenticeship as may be required by the Department of Labor.
14. The Sponsor agrees that all program modifications, revisions or reports will be submitted to the Department of Labor within 30 calendar days of such program change or the report request.
15. The Sponsor agrees to promptly notify the Department of Labor of all apprentices who have successfully completed an apprenticeship program.
16. The Sponsor agrees not to subvert the program by hiring workers as helpers, shophands, or other titles and assigning to them work generally performed by apprentices.
17. The Sponsor recognizes that, if it is without an apprentice for a period of twelve months, that the program will be deemed deregistered unless it has been granted Inactive Status or is a program operated by a NYS agency.
18. The Sponsor agrees to comply with, and hold all signatories to, the standards in this Apprenticeship Training Program Registration Agreement.
19. The Sponsor agrees to ensure that each of their apprentices will maintain a record that documents task rotation and the skills acquired through the program in a format that is approved by the Department of Labor. The apprentice's Blue Book is considered an acceptable format.



**Apprenticeship Agreement**

**I. Apprenticeship Agreement**

Sponsor No. \_\_\_\_\_ ATP Code \_\_\_\_\_

Name of Apprentice (Last, First, M.I.)		Social Security Number		1. Name of Program Sponsor	
Address of Apprentice (no. and street)				Physical address of Program Sponsor (no. and street)	
City	County	State	Zip code	City	County State Zip code
Answer both A and B A. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino B. Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				Mailing address of Program Sponsor (no. and street)	
				City	County State Zip code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Home & Cell phone numbers H C	Birth date	2. Trade: <input type="checkbox"/> Time-based <input type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid	
			E-mail address		
Has the apprentice received any Certificate of Completion from a State or Federal Apprenticeship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Trade _____ State _____			3. Start Date	4. Length of program (Months)	5. DOL Apprentice Probation Period for Completion Rates (Months)
6. Related and Supplemental Instruction (RI) Provider(s) and location(s)				RI Compensated <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Minimum Journey-Worker Rate
8. Credit for previous training or experience: _____ Months _____ Points _____ Sections <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name): _____					
9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: <input type="checkbox"/> Months <input type="checkbox"/> Hours <input type="checkbox"/> Points <input type="checkbox"/> Sections					
1	2	3	4	5	6 7 8 9 10

**The Sponsor and the Apprentice Agree to the Terms on Page 2 of this Form.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Apprentice and Parent/Guardian if age 16-17 Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Official Sponsor Representative Date

Registered by the New York State Department of Labor:

\_\_\_\_\_  
Signature New York State Department of Labor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

**THE DEPARTMENT OF LABOR MUST RECEIVE THIS AGREEMENT WITHIN 30 CALENDAR DAYS OF THE REQUESTED START DATE.**

**II. Worksite Training Completion or Termination**

Check one:  Completed Worksite Training  Terminated for Cause (Explain in Comments)  Quit  Layoff (Lack of Work)  Program Termination  Transfer

Completion or Termination Date \_\_\_\_\_

Comments \_\_\_\_\_

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Official Sponsor Representative Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**THE DEPARTMENT OF LABOR MUST RECEIVE THIS FORM WITHIN 30 CALENDAR DAYS OF THE COMPLETION/TERMINATION DATE.**

**STATE USE ONLY**

**III. RI Completion**

Apprentice has satisfied the RI requirements. Completion date: \_\_\_\_\_  
 Apprentice has not satisfied the RI requirements.

State Use Only		
	Date	Init.
To ATC	_____	_____
To DLEA	_____	_____
Data Entry	_____	_____

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of DLEA Representative Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Apprenticeship Agreement Terms

1. The program Sponsor agrees:
  - a. To employ the Apprentice to learn the craft or trade described above. Training and employment must conform to the terms and conditions for this trade in the Sponsor's registered program.
  - b. That equal opportunity applies to all phases of apprenticeship employment and training. There will be no discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record.
  - c. To give reasonable notice to the Apprentice of any proposed adverse action, unless the collective bargaining agreement provides for another process. Layoff for lack of work does not require an advance notice.
2. The Apprentice agrees:
  - a. To perform diligently and faithfully the work of the trade or craft as presented in the terms and conditions of this program and as outlined in the Work Processes.
  - b. To maintain a record documenting task rotation.
    - i. **The Sponsor agrees to ensure compliance.**
  - c. To complete or fulfill a minimum of 144 hours of Related and Supplemental Instruction (RI) per year.
    - i. **Participation in RI is mandatory.**
  - d. That the Sponsor may arrange for the Intra-Program transfer of the Apprentice from one signatory employer to another. This is to ensure training and reasonably continuous employment.
3. The Apprentice and Sponsor agree:
  - a. That the Apprentice has not completed a State/Federal Apprenticeship Program (excluding the Department of Correctional Services) for the trade of indenture or a related trade.
  - b. To comply with the State Labor Law and applicable Regulations, including promptly providing reports and information.
  - c. That a Sponsor that cannot fulfill the obligations under the apprenticeship agreement may (with the consent of the Apprentice) transfer the agreement to another Sponsor of a registered program. The Labor Commissioner must receive written notice of the transfer. The Apprentice must receive full credit for the satisfactory period of the served apprenticeship.
  - d. That the Apprentice is not registered until this form is signed by the authorized New York State Department of Labor representative.
4. During the Department of Labor (DOL) Apprentice Probation Period, the Sponsor or the Apprentice may cancel this agreement without adverse impact on the program's completion rate, however Apprentice turnover may be considered when reviewing the quality of a program's performance.
5. After the DOL Apprentice Probation Period:
  - a. This agreement may be cancelled at the request of the Apprentice.
  - b. The Sponsor may suspend or cancel for good cause. The Apprentice must receive proper notice and must have a reasonable opportunity for corrective action. There must be written notice to the Apprentice and the Department of the final action taken.
6. If a controversy grows from this agreement, it may be submitted to the Apprentice Training Office listed on the front if it is not settled locally or covered by a collective bargaining agreement.

### Instructions

#### I. Apprenticeship Agreement

1. **Sponsor Information Block:** Enter information as it appears on the *Apprentice Training Program Registration Agreement*, (AT 10).
2. **Trade:** Enter the name of the trade the Apprentice will be trained in, as it appears on the AT 10. Indicate the Training Approach.
3. **Start Date (Leave blank if submitting with new program application):** Enter the requested start date of the proposed Apprentice. The Apprentice and Sponsor representative must sign the form either prior to, or on the Apprentice's start date. (Must be received by DOL within 30 days of the start date).
4. **Length of Program:** Enter the term (in months) of the program.
5. **DOL Apprentice Probation Period for Completion Rates:** Enter, in months, 25% of the length of the program, or one year, whatever is shorter.
6. **RI:** Enter the official name of provider and geographic location. Indicate if the Apprentice is compensated while attending RI.
7. **Minimum Journeyworker Rate:** Enter Journeyworker rate as it appears on the AT 10.
8. **Credit for Previous Training or Experience:** When giving credit to an Apprentice, check the correct box, enter the credit in months or points/sections and include a letter of justification. This must have dates, names of previous employers, and a description of the credit acquired.
9. **Apprentice Wage Progression:** Enter the wage rate schedule for the trade as shown on the AT 10.  
**Signatures:** This form must be signed by the Apprentice, Apprentice's parent/guardian (if applicable), and Sponsor representatives. After signing, immediately send it to the Apprentice Training Office indicated in the upper right corner.

#### II. Worksite Training Completion or Termination

1. **Completion/Termination:** Check the correct box.
  - a. **Completed Worksite Training:** The Apprentice has satisfactorily completed worksite training.
  - b. **Terminated for Cause:** The Apprentice was terminated for cause. Explain in comments section. Examples: Failure to attend/complete RI; Apprentice misconduct; Failure to maintain proper records; Unable to perform duties.
  - c. **Quit:** The Apprentice terminated training by resignation.
  - d. **Layoff (Lack of Work):** The Apprentice was terminated from training by layoff due to lack of work.
  - e. **Program Termination:** The Apprentice was terminated from training because the program was terminated/deregistered.
  - f. **Transfer:** The Apprentice is transferred between programs in the same trade. The Apprentice and Sponsors are all in agreement, and the Apprentice is provided with a transcript of RI and On-The-Job Training by the transferring Sponsor.
2. **Completion or Termination Date:** Enter the exact date the Apprentice completed or was terminated.
3. **Signature:** The official Sponsor representative **must** sign and date this form.

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Department  
of Labor

## Apprentice Training Program Monitoring Report

Sponsor: _____	Date of Initial Monitoring Visit: _____
Address: _____ _____ _____	Monitoring Round includes Job Site Monitoring Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Sponsor Code:</b> _____ <b>Trade Code:</b> _____
	Trade Name: _____
Email Address: _____	Region: _____ ATR: _____
Note: If an e-mail address is provided, all general mailings will be received electronically.	Last Monitoring Visit: _____ Ratio: _____
<b>Current Training Outline</b>	Length of Program (in Months): _____
<input type="checkbox"/> Standard-Date: _____	No. Active Apprentices: _____
<input type="checkbox"/> Revised-Date (AT 10 Approval Date): _____	
AAP (AT 603) Expiration Date: _____	No. Active (No Retirees) Journeyworkers: _____
No. Minorities: _____ No. Female: _____	Non-Discrimination (AT 602) Eff. Date: _____
Individual <input type="checkbox"/> Group <input type="checkbox"/>	Joint <input type="checkbox"/> Non-Joint <input type="checkbox"/>
	JAC <input type="checkbox"/> Non-JAC <input type="checkbox"/>

Is program on Probation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach Probation Evaluation Sheet
Dates of Probationary Period (2 Yrs.): _____
Is program on Extended Probation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach Probation Evaluation Sheet
Dates of Extended Probationary Period (Up to 1 Yr.): _____
(Note: during the probationary period, a sponsor may not submit any new apprenticeship program applications.)

**When responding to questions, please indicate how you verified the information obtained and what documents were observed. The comments in parenthesis should prompt your discussions.**

### Monitoring Review – Interview of Sponsor Representative

Date(s) of Visit

Site/Location of Visit

\_\_\_\_\_  
Name of Sponsor Representative Interviewed: \_\_\_\_\_

\_\_\_\_\_  
Title of Sponsor Representative Interviewed: \_\_\_\_\_

Sponsor Code: \_\_\_\_\_ Trade Code: \_\_\_\_\_  
Date: \_\_\_\_\_

1. Are any issues from the last monitoring visit still unresolved? (ATR should review the last monitoring report prior to making a visit. List all unresolved issues and the reason(s) why they are unresolved. Indicate steps taken to resolve.)
  
2. Does the program have at least one active apprentice? (If "No", on what date was the last apprentice exited? Why are there no apprentices? What steps are being taken to recruit apprentices or would sponsor like to voluntarily deregister the program? If it has been 10-12 months without an apprentice, would the sponsor like to request Inactive Status? )
  
3. Are all current apprentices listed on the AT 1003? (If "No", why not? Is the AT1003 accurate? What is being done to update the AT1003?)
  
4. Is the program in compliance with the required overall apprentice/journeyworker ratio? (If "No", why not? What is being done to remedy the situation?)
  
5. Is the work process current and approved by ATCO? (If "No", why not? Is the work they are currently performing reflected in the work process? If not, what steps are being taken? Does the sponsor know how to proceed with a revision?)
  
6. What does the sponsor do to periodically evaluate apprentices? (Is a system in place and is it followed as scheduled? How did you verify? Are apprentices performing at a satisfactory level? If not, what efforts have been put in place to rectify?)
  
7. Are apprentices being paid according to the approved wage progression? (If "No", why not? Review the AT10 and if necessary, payroll records. Is a revision needed to the AT10?)
  
8. What records were observed that document task rotation and fulfillment of the work process training outline? (Are records up-to-date? If apprentice is tracking in Blue Book, what type of back-up system is used, such as spreadsheets, database or photocopying the Blue Book? Is the sponsor utilizing an alternative method that has been approved by the Department? If apprentice is not tracking in Blue Book, why not?)
  
9. Is each apprentice participating in Related Instruction? (If "Yes", what verification method was used, including reviewing training records, transcripts, school visits, and discussions with DLEA? If "No", why not? What is being done to rectify? Who provided this information? Where is the Related Instruction taking place? Is attendance and progress of apprentices satisfactory?)

Sponsor Code: \_\_\_\_\_ Trade Code: \_\_\_\_\_  
Date: \_\_\_\_\_

10. Is the AT 603, Affirmative Action Plan (AAP) or AT 602, Non-Discrimination Plan current? (Is the sponsor using the correct form based on the number of apprentices? Is the sponsor conducting recruitment/selection as indicated on the AAP? Does the sponsor use direct entry, and is direct entry approved as a method of recruitment on the AAP? If "No", why not? What steps are being taken to obtain a new/corrected AAP? )
  
11. Has the sponsor conducted a recruitment since the last program review? (If "Yes", was the recruitment conducted in accordance with EEO standards and approved recruitment and selection procedures? What documents were observed (i.e. Rank List, Advertisement, Proof of Job Bank Listing)? Note, if the AAP requires apprentice openings to be listed with Department of Labor, obtain proof of job listing.)
  
12. Has the sponsor made a good faith effort to comply with its approved AAP? (If "No", why not? Does EEO data look appropriate? What efforts have been made, and what obstacles have they faced? What progress has been made toward goals?)
  
13. Is there a copy of the AT 600.12, EEO Complaint Procedure Poster displayed in a conspicuous place? (If "No", why not? What steps are being taken to remedy?)
  
14. Are apprentices being provided regular employment? (If "No", why not? Are any apprentices on layoff? Note: no new apprentices should be indentured when an already registered apprentice is in layoff status.)
  
15. How many completions has the program had since the last monitoring visit? (When was the last completion? What obstacles has the program faced regarding completions? If there have not been any completions, why not? How many completions has the program had since program inception?)
  
16. If this monitoring round includes monitoring at the job site, has the sponsor provided information regarding job sites where apprentices will be working? Maintain documentation in the Field file.

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**Monitoring Review – Interviews of Apprentices**

Date(s) of Visit	Site/Location of Visit	Number of Apprentices Interviewed
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1. How many apprentices were interviewed in total? List names (or attach a list of names) of all apprentices interviewed. Of these, how many were interviewed at the job site? (Does this correspond to the sample size requirements for on and off the job site as indicated in Section 4105 of the Procedure Manual? If "No", why not?)

Sponsor Code: \_\_\_\_\_ Trade Code: \_\_\_\_\_

Date: \_\_\_\_\_

2. Have apprentices received periodic evaluations of job performance? (If "No", why not? Is a system in place and is it followed as scheduled? How did you verify? Are apprentices performing at a satisfactory level? If not, did you review the evaluations with the sponsor and apprentices?)
  
3. Are apprentices being paid according to the approved wage progression? (If "No", why not? Review the AT10, AT401, and if necessary, payroll records. Is a revision needed to the AT10?)
  
4. Have apprentices been provided a copy of their AT 401, Apprenticeship Agreement/Documentation Form and the current Work Processes? (If "No", why not? Who will provide and when? If the Work Process has been revised, has the revision been distributed to apprentices?)
  
5. Are records that document task rotation and fulfillment of the work process training outline up-to-date, signed and graded? (If "No", why not? Are apprentices being rotated? Do records conform to the work process provisions? If Blue Books are not being used, refer back to Sponsor Question #8.)
  
6. Are apprentices being properly supervised and instructed, based on interviews of the apprentices? (If "No", why not? Is the correct ratio of apprentices to journeymen being maintained on the jobsite? Are sponsors providing instruction regarding job safety?)
  
7. Is each apprentice participating in Related Instruction? (If "Yes", how did you verify this? If "No", why not? What is being done to remedy?)
  
8. Did the apprentice indicate any issues with the sponsor or signatory contractors? (If "Yes", does the situation involve the sponsor or signatory? If a signatory, identify name of signatory. How will the sponsor rectify the situation?)
  
9. For interviews conducted at job sites, were there any issues which were job site specific? (If "Yes", list here. E.g. ratios, supervision, observation of personal safety equipment, etc...)
  
10. Are the apprentices provided with a safe work environment? If required by the training outline, did apprentices receive the mandatory ten-hour safety and health course before they first began work as an apprentice?

Sponsor Code: \_\_\_\_\_ Trade Code: \_\_\_\_\_  
Date: \_\_\_\_\_

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**Monitoring Review – Other**

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1. Were any Findings identified? (Note: Findings require the sponsor to submit a corrective action plan and associated timeline for implementation of the corrective action plan within 30 days of issuance of the AT 12 and Findings letter.)

2. Comments.

Attach a list or the AT 1003 and identify which apprentices were interviewed.

\_\_\_\_\_  
Signature of Apprentice Training Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Apprentice Training Representative

REVIEW	
Supervising ATR Signature: _____	
Date: _____	
ATCO Reviewer Signature: _____	
Date: _____	



# WE ARE YOUR DOL



## Probation Evaluation Sheet

### Probation

Sponsor Code: \_\_\_\_\_ Trade Code: \_\_\_\_\_

Dates of Probationary Period (2 Yrs.): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Is sponsor and signatories (if applicable) in compliance with all of the questions listed below? Yes  No

If no, indicate in the Comments section what action is being taken to come into compliance.

Is current monitoring visit within 90 days of the end of the probationary period? Yes  No

### Extended Probation

(Complete this section if program has already had its probationary period extended.)

Dates of Extended Probationary Period (Up to 1 Yr.): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date Corrective Action Plan Approved by NYSDOL: \_\_\_\_\_

Based on the ATR's visit with the sponsor and apprentice(s), is sponsor and signatories (if applicable) in compliance with all of the questions listed below? Yes  No

If no, indicate in the Comments section below what action is being taken to come into compliance.

Is current monitoring visit within 90 days of the end of the extended probationary period? Yes  No

### Questions

Based on the ATR's visit with the sponsor and apprentice(s), is sponsor and signatories (if applicable) in compliance with the following:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. The continuous enrollment of apprentices(s)?<br>(If "No", explain.)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The payment of wages as specified in the apprenticeship agreement?<br>(If "No", explain.)              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Acceptable and verifiable documentation of task rotation and skill development?<br>(If "No", explain.) | <input type="checkbox"/> | <input type="checkbox"/> |

4. Acceptable and verifiable documentation of participation in related instruction? (I.e. transcripts, enrollment records, observed apprentice(s) at related instruction, discussion with instructor. If "No", explain.)	<input type="checkbox"/>	<input type="checkbox"/>
5. The provision of proper supervision? (If "No", explain.)	<input type="checkbox"/>	<input type="checkbox"/>
6. The provision of a safe work environment? (If "No", explain.)	<input type="checkbox"/>	<input type="checkbox"/>
7. The terms and conditions/provisions as indicated on the Apprentice Training Program Registration Agreement (AT 10)? (If "No", explain.)	<input type="checkbox"/>	<input type="checkbox"/>
8. The provisions of Labor Law, Article 23 and 12 NYCRR Parts 600 and 601? (If "No", explain.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Articles 8 and 9 of the Labor Law, the Workers' Compensation Law, and any other Federal or State laws governing terms and conditions of employment? (I.e. ATR will need to ask sponsor to confirm that they are in compliance with Public Work laws, OSHA, Labor Standards. Ask sponsor to confirm they are current with Workers Comp Coverage, Disability Insurance Coverage, Unemployment Insurance. If "No", explain.)	<input type="checkbox"/>	<input type="checkbox"/>

Comments