



NYS DOL Use Only: Sponsor No. 12
[] New Program [] Reactivation [] Revision [] Recertification

New York State
Registered Apprenticeship Training Program

NYS Department of Labor
Apprentice Training

NOV 17 2023

Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: 1199SEIU League Training and Upgrading Fund
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [X] Group Joint (JAC/JATC)*
*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
D. Name of entity completing this form: 1199SEIU League Training and Upgrading Fund
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [X] JAC/JATC [] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 498 7TH Ave, 4th Floor
City/Town: New York State: NY Zip Code: 10018
G. Email: [REDACTED] H. Phone: (212) 284-9247 I. Fax: (212) 216-9601
J. Federal Employer Identification Number (FEIN): [REDACTED]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [] Yes [X] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [X] Other
N. How many years has your organization been in business? 54
O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
If 'Yes', provide attachments as noted in the instructions.
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [X] Yes [] No
If 'Yes', provide attachments as noted in the instructions.

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity,** any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [X] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [] Yes [X] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [X] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

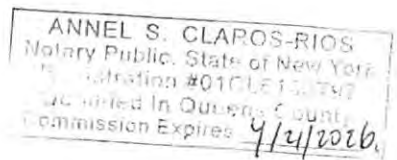
- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 8/31/23

Print name and title: Daniel Bustillo / Deputy Executive Director, 1199SEIU TUF

Sworn to me this: 31st day of August _____
 Signature of Notary Public or Commissioner of Deeds





NYS DOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

NYS Department of Labor Apprentice Training

NOV 17 2023

Central Office

New York State Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

- A. Sponsor name: 1199SEIU League Training and Upgrading Fund
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one): 1. Individual Non-Joint 2. Individual Joint 3. Group Non-Joint* 4. Group Joint (JAC/JATC)*
D. Name of entity completing this form: 1199SEIU United Healthcare Workers East
E. Entity completing this form (check one): [] Individual Employer/Sponsor [x] Union [] JAC/JATC [] Association
F. Mailing address: Street: 498 7TH Ave City/Town: New York State: NY Zip Code: 10018
G. Email: [redacted] H. Phone: (212) 261-2209 I. Fax:
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [x] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions): [] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [x] Other
N. How many years has your organization been in business? 85
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [x] No

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [] Yes [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [x] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

X Milly Silva _____ 9/17/2023
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date

Print name and title: Milly Silva / Secretary-Treasurer of 1199SEIU United Healthcare Workers East

Sworn to me this: 28th day of September 2023 _____
 Signature of Notary Public or Commissioner of Deeds Anicia Nelson





NYS DOL Use Only: Sponsor No. []
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New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions

NYS Department of Labor
Apprentice Training

NOV 17 2023

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Section I

- A. Sponsor name: 1199SEIU League Training and Upgrading Fund
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [x] Group Joint (JAC/JATC)*
*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
D. Name of entity completing this form: Sapphire Center for Rehabilitation and Nursing of Central Queens
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
[x] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 35-15 Parsons Blvd, Queens, NY 11354
City/Town: Queens State: NY Zip Code: 11354
G. Email: [redacted] H. Phone: (718) 961-3500 I. Fax: (718) 461-1784
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [x] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[x] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 8
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No
If 'Yes', provide attachments as noted in the instructions.
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [] Yes [x] No
If 'Yes', provide attachments as noted in the instructions.

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5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
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 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
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Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 8/17/23

Print name and title: Jerry Enella, Administrator

Sworn to me this: 4th day of August 23 _____
 Signature of Notary Public or Commissioner of Deeds



DONNA M. THOMPSON
 Notary Public, State of New York
 No. 01TH6359829
 Qualified in Nassau County
 Commission Expires June 05, 2025



NYS DOL Use Only: Sponsor No. [] New Program [] Reactivation [] Revision [] Recertification

New York State Registered Apprenticeship Training Program Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training

NOV 17 2023

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Section I

- A. Sponsor name: 1199SEIU League Training and Upgrading Fund
B. Trade(s): Certified Nursing Assistant
C. Type of Apprenticeship Training Program (check one): 4. [X] Group Joint (JAC/JATC)*
D. Name of entity completing this form: Cabrini of Westchester
E. Entity completing this form (check one): [X] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 115 Broadway, City/Town: Dobbs Ferry, State: NY, Zip Code: 10522
G. Email: [REDACTED] H. Phone: (914) 693-6800 I. Fax: [REDACTED]
J. Federal Employer Identification Number (FEIN): [REDACTED]
K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [X] Yes [] No
M. Type of Entity (check one and provide attachments as noted in the instructions): [X] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
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O. Within the past five (5) years, have you done business under a different name? [] Yes [X] No
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7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
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I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
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Simone Faulkner-Smith - VP Human Resources 8/8/2023
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Simone Faulkner-Smith, VP of Human Resources

Sworn to me this: 8th day of August 2023 Vincent J. Zucchetto
 Signature of Notary Public or Commissioner of Deeds





Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

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

- 1. Name of Sponsor: 1199SEIU League Training and Upgrading Fund
- 2. Mailing Address: 498 7th Ave., 4th Fl New York NY 10018 New York
(number & street) (city) (state) (zip code) (county)
- 3. Actual Address: 498 7th Ave., 4th Fl New York NY 10018 New York
(number & street) (city) (state) (zip code) (county)
- 4. Telephone No.: 212-284-9247 Ext. _____ Fax No.: 212-216-9601
- 5. E-mail Address: _____
- 6. Trade/Occupation: Certified Nursing Assistant
- 7. No. Employees: 600 No. Apprentices: 0 No. Journeyworkers: 250 8. Ratio: 1:1; 1:1
- 9. DOT Code: _____ 10. Length of Program: 12/competency months
- 11. Apprenticeship Probationary Period: 3 months 12. Work process: Standard or Revised
- 13. Minimum Journeyworker Rate: \$ _____ per sideletter per sideletter 14. Effective Date of Wages: 11/1/2023
- 15. Apprentices wage progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
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"/>
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"/>
per	side	letter							

NYS Department of Labor
Apprentice Training
NOV 17 2023
Central Office

- 16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- 17. [Signature] 9/13/23 18. [Signature] 9/15/23
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Daniel Bustillo / Deputy Executive Director, 1199SEIU TUF Milly Silva / Secretary-Treasurer
Print Name and Title Print Name, Title, and Union Name

- 19. _____ 9/13/23 _____
Signature New York State Department of Labor Date
[Signature] James Chang, Manager 9/29/23

Please send to your regional DOL office:

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

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 James Chang _____ Date 8,31,23

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor _____ Date _____

State Use Only		
	Date	Init.
To ATC	<u>11/16</u>	<u>DP</u>
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 _____ 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.

Signature of DLEA Representative _____ Date _____ Print Name _____

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

NOV 17 2023

Apprenticeship Agreement

I. Apprenticeship Agreement

Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
	2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant		
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

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

Signature _____	Date <u>1/1</u>	Signature of Official Sponsor Representative <u>James Chang</u>	Date <u>8/31/23</u>										
Registered by the New York State Department of Labor:		<table border="1"> <tr><th colspan="2">State Use Only</th></tr> <tr><td>To ATC</td><td><u>11/16</u> <u>DP</u></td></tr> <tr><td>To DLEA</td><td>_____</td></tr> <tr><td>Rank Verify</td><td>_____</td></tr> <tr><td>Data Entry</td><td>_____</td></tr> </table>		State Use Only		To ATC	<u>11/16</u> <u>DP</u>	To DLEA	_____	Rank Verify	_____	Data Entry	_____
State Use Only													
To ATC	<u>11/16</u> <u>DP</u>												
To DLEA	_____												
Rank Verify	_____												
Data Entry	_____												
Signature New York State Department of Labor _____	Date _____												

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	
To ATC	_____
To DLEA	_____
Data Entry	_____

Signature of Official Sponsor Representative _____ 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	
To ATC	_____
To DLEA	_____
Data Entry	_____

Signature of DLEA Representative _____ Date _____ Print Name _____



Apprenticeship Agreement

NOV 17 2023

I. Apprenticeship Agreement

Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

Apprentice Agree to the Terms on Page 2 of this Form.

Date _____ Signature of Official Sponsor Representative James Chang Date 8,31,23

Registered by the New York State Department of Labor:

Signature New York State Department of Labor _____ Date _____

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

Signature of Official Sponsor Representative _____ 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.

Signature of DLEA Representative _____ Date _____ Print Name _____

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



Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office

Sponsor No. 12634

ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

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

	_____/_____/_____ Date	<u>James Chang</u> Signature of Official Sponsor Representative	<u>8/31/23</u> Date
_____ Signature New York State Department of Labor			
_____/_____/_____ Date			

State Use Only

To ATC	Date <u>11/16</u>	Init. <u>BP</u>
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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

_____ Signature of Official Sponsor Representative	_____/_____/_____ Date	_____ Print Name
---	---------------------------	---------------------

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

State Use Only

To ATC	Date _____	Init. _____
To DLEA	_____	_____
Data Entry	_____	_____

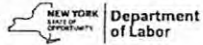
III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____
 Apprentice has not satisfied the RI requirements.

_____ Signature of DLEA Representative	_____/_____/_____ Date	_____ Print Name
---	---------------------------	---------------------

State Use Only

To ATC	Date _____	Init. _____
To DLEA	_____	_____
Data Entry	_____	_____



NOV 17 2023

Apprenticeship Agreement

Central Office

I. Apprenticeship Agreement

Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
	2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant		
3. Start Date	4. Length of program (Months) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3	
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		7. Minimum Journey-Worker Rate as per side-letter	
8. Credit for previous training or experience: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Vocational Education <input type="checkbox"/> Transfer <input type="checkbox"/> Previous Experience (Employer name):		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Apprentice Wage Progression (Without Benefits) for each Period. Choose one: Months Hours Points Sections

	1	2	3	4	5	6	7	8	9	10
As per	side-letter									

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

_____/_____/_____
 Date
 Registered by the New York State Department of Labor:

James Chang
 Signature of Official Sponsor Representative
 8/31/23
 Date

State Use Only		
	Date	Init.
To ATC	<u>11/16</u>	<u>DT</u>
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 (Lack of Work) Layoff (Lack of Work) Program Termination Transfer

Completion or Termination Date _____

Comments _____

_____/_____/_____
 Signature of Official Sponsor Representative Date Print Name

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

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

III. RI Completion

Apprentice has satisfied the RI requirements. Completion date: _____

Apprentice has not satisfied the RI requirements.

_____/_____/_____
 Signature of DLEA Representative Date Print Name

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

Department of Labor
 NOV 17 2023

Apprenticeship Agreement

I. Apprenticeship Agreement *Central Office*

Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
	6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

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

_____/_____/_____
 Date Signature of Official Sponsor Representative James Chang Date 8,31,23

Registered by the New York State Department of Labor:

State Use Only		
Date	Init.	
To ATC	<u>11/16</u>	<u>BC</u>
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 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 Print Name



NOV 17 2023

Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office Sponsor No. 126341 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

Apprentice Agree to the Terms on Page 2 of this Form.

Date: _____ Signature of Official Sponsor Representative: James Chang Date: 8/31/23

State Use Only	
Date	Init
To ATC	<u>DP</u>
To DLEA	_____
Rank Verify	_____
Data Entry	_____

Signature New York State Department of Labor Date: _____

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: _____ 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: _____ Print Name: _____



NOV 17 2023

Apprenticeship Agreement

I. Apprenticeship Agreement Central Office Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

I, _____, 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 James Chang Date 8, 31, 23

Registered by the New York State Department of Labor:

 Signature New York State Department of Labor Date _____

State Use Only		
	Date	Init.
To ATC	<u>11/14</u>	<u>OP</u>
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 _____ 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.

 Signature of DLEA Representative Date _____ Print Name _____

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



NOV 17 2023

Please send to your regional DOL office:

Apprenticeship Agreement

Central Office

Sponsor No. 12634 ATP Code 80611C

I. Apprenticeship Agreement

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

I, _____, do hereby Agree to the Terms on Page 2 of this Form.

Date: _____ Signature of Official Sponsor Representative: James Chang Date: 8/31/23

Registered by the New York State Department of Labor:

State Use Only		
	Date	Init
To ATC	<u>11/16</u>	<u>DF</u>
To DLEA	_____	_____
Rank Verify	_____	_____
Data Entry	_____	_____

Signature New York State Department of Labor

Date

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

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.

Signature of DLEA Representative

Date

Print Name

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

WE ARE YOUR DOL



NOV 17 2023

Apprenticeship Agreement

Central Office

Sponsor No. 12634 ATP Code 80611C

I. Apprenticeship Agreement

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

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

_____/_____/_____
Date

James Chang
Signature of Official Sponsor Representative

8, 31, 23
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	<u>11/16</u>	<u>DP</u>
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

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.

_____/_____/_____
Signature of DLEA Representative Date

Print Name

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

WE ARE YOUR DOL



NOV 17 2023

Apprenticeship Agreement

I. Apprenticeship Agreement

Central Office

Sponsor No. 12634 ATP Code 80611C

	1. Name of Program Sponsor 1199SEIU Training and Upgrading Fund		
	Physical address of Program Sponsor (no. and street) 498 7th Ave., 4th Floor		
	City New York	County	State Zip code NY 10018
	Mailing address of Program Sponsor (no. and street) 1199SEIU Training and Employment Funds		
	City New York	County	State Zip code NY 10018
2. Trade: <input type="checkbox"/> Time-based <input checked="" type="checkbox"/> Competency-based <input type="checkbox"/> Hybrid Certified Nursing Assistant			
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) 12/Competency	5. DOL Apprentice Probation Period for Completion Rates (Months) 3
6. Related and Supplemental Instruction (RI) Provider(s) and location(s) CWE / 305 7th Ave, New York, NY 10001		RI Compensated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Minimum Journey-Worker Rate as per side-letter
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: Months Hours Points Sections

1	2	3	4	5	6	7	8	9	10
As per	side-letter								

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

_____/_____/_____
Parent/Guardian if age 16-17 Date James Chang 8,31,23
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	<u>11/16</u>	<u>SP</u>
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 _____ 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.

_____/_____/_____
Signature of DLEA Representative Date _____ Print Name

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

AUG 30 2023



Apprenticeship Training Program



NYC



Related Instruction Availability

Trade: Certified Nursing Assistant

Sponsor Name: 1199SEIU League Training and Upgrading Fund

Sponsor Representative: Daniel Bustillo

Sponsor Address:

No. & Street: 498 7th Ave., 4th Floor City: Manhattan

County: NY State: NY Zip Code: 10018

Sponsor Telephone No.: 212-284-9247

Proposed Number of Apprentices: 10

AT Office

Name: Shakira Gomez

No. & Street: 199 Church Street 3rd floor

City: New York State: NY Zip Code: 10001

Apprentice Training Representative: [REDACTED] Date Prepared: 5/3/23

Related instruction is **not** available.

Related instruction **is** available at:

School

Name: Consortium for Worker Education

No. & Street: 305 7th Ave,

City: New York State: NY Zip Code: 10001

School Representative Contact Information:

Name: Sonia Torruella

Telephone No.: (212) 440-2064

Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: Department of Labor

Apprentice Training

School Representative Contact Information:

Name: _____

NOV 17 2023

Telephone No.: _____

Email: _____

Central Office

DLEA

Name: Emerald Roberts/ NYC Department of Education Citywide office D79 Alternative Schools & Programs

No. & Street: 90-01 Sutphin Boulevard 2nd floor Room # 229

City: Jamaica State: New York Zip Code: 11435

Signature of DL [REDACTED]

Date Prepared: 9/19/23



New York State Department of Labor

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor Code _____

Trade Code 89-560H

1199SEIU League Training and Upgrading Fund, located at _____

(Sponsor)

330 West 42nd Street, 2nd Floor - New York, NY 10036

(Address)

is presently accepting applications for an estimated _____ apprentice training positions in

(No. of Openings)

the occupation of Community Health Worker

(Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

Minimum Age: 18

Minimum Education: High School Diploma or GED or TASC

Physical Condition: Be physically able to perform the work required as determined by

NYS Department of Labor
Apprentice Training

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(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Central Office

Other:

Must pass a post-offer drug test at the expense of the employer/sponsor.

Other:

Must be willing to be finger printed after employment offer at the expense of the employer/sponsor.

Other:

Must pass a criminal background check after employment offer at the expense of the employer/sponsor.

Application Forms May be Obtained From:

Dates: From: _____ To: _____

Name: Bea Joseph - Director of Recruitment

Days: _____

Address:

Times: _____

Bronx Lebanon Hospital Center
1276 Fulton Avenue, 6th Floor
Bronx, NY 10456

Phone Number: (718) 590 - 1800

Email Address: _____

Special Instructions:

All Applications Must be (please check) Received Postmarked no Later Than: _____



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: 1199SEIU League Training and Upgrading Fund

Located at: (Address) 498 7th Ave., 4 Floor, NY, NY 10018

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings:

In the occupation of: (List Trade) Certified Nursing Assistant

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications

High School Diploma or GED or TASC

Minimum Age: 18 Minimum Education:

Physical Condition: Be physically able to perform the work required as determined by:

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must pass a post-offer drug test at the expense of the employer/sponsor.

Other: Must be willing to be finger printed after employment offer at the expense of the employer/sponsor.

Other: Must pass a criminal background check after employment offer at the expense of the employer/sponsor.

Application forms may be obtained: From: To:

Name: 1199SEIU TUF Staff

Address: 498 7th Ave., New York, NY 10018

Days: Mon - Sun Times: any time

Phone: (212) 284-2981 Email: [Redacted]

Special Instructions: https://www.1199seiubenefits.org/training/

NYS Department of Labor Apprenticeship Training NOV 17 2023 Central Office

All Applications Must be (please check) [] Received [] Postmarked No Later Than:



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: 1199SEIU League Training and Upgrading Fund

Located at: (Address) 498 7th Ave., 4 Floor, NY, NY 10018

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings:

In the occupation of: (List Trade) Certified Nursing Assistant

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

Minimum Qualifications High School Diploma or GED or TASC
Minimum Age: 18 Minimum Education:

Physical Condition: Be physically able to perform the work required as determined by:

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must pass a post-offer drug test at the expense of the employer/sponsor.

Other: Must be willing to be finger printed after employment offer at the expense of the employer/sponsor.

Other: Must pass a criminal background check after employment offer at the expense of the employer/sponsor.

NYS Department of Labor
Apprentice Training

NOV 17 2023

Central Office

Application forms may be obtained: From: To:

Name: 1199SEIU TUF Staff

Address: 498 7th Ave., New York, NY 10018

Days: Mon - Sun Times: any time

Phone: (212) 284-2981 Email:

Special Instructions:

https://www.1199seiubenefits.org/training/

All Applications Must be (please check) [] Received [] Postmarked No Later Than:



Sponsor Code 12634

Trade Code(s) 80611C

89561H

New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

New Program

Amended

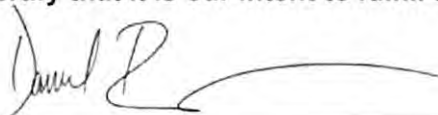
Renewal

To be Administered by (Sponsor's Name): 1199SEIU League Training and Upgrading Fund

Address: 498 7th Ave., 4th Floor State: NY Zip: 10018

Plan is effective: From: 11/1/23 To: 10/30/28
6/24/23 6/23/28

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  Date: 8/31/23

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

Print Name: Daniel Bustillo

Title: Depty Executive Director

NYS Department of Labor
Apprentice Training
NOV 17 2023
Central Office

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____

Part III – Current and Projected Staffing and Annual Goals

Title of Trade Certified Nursing Assistant

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	Totals
New Positions							
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).



**Part III Addendum
Current and Projected Staffing and Annual Goals**

Title of Trade **Community Health Workers**

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	23	24	25	26	27	Totals
New Positions							
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	23	24	25	26	27	Totals
African American							
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

NYS Department of Labor
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Part IV – Action Plans and Requirements (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
An area-wide public recruitment will publicize the following information:
 - a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached** to be **submitted to the Commissioner of Labor** for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under **one** of the following **four** methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.*

- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

- 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

It is agreed that the minimum qualifications and selection standards utilized will be those listed on Form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and/or on Form AT 508, Selection Standards and Evaluations, attached.

NYS Department of Labor
Apprentice Training

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* Sponsors are advised to keep all applications for a **minimum of one year**.

** A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.