



DEPARTMENT OF LABOR

Office of Apprenticeship

ADDENDUM TO APPRENTICESHIP AGREEMENT

The
(Sponsor/Association Name) (MATC No.)

Request the transfer of
(Apprentice Name) (Social Security Number)

to # on
(Participating Employer) (Employer #) (Effective Date)

with hours of work experience credit, and the Employer's average journeyman rate of
(Current OJT Hours)

\$ per hour. *(Indicate in dollars and cents if the program's wage rate is not established by a collective bargaining agreement)*

The Apprenticeship term originally began with #
(Participating Employer)

on , allowing a credit of hours for on-the-job training. The Apprenticeship
(Month, Day, Year)

projected completion date is .
(Month, Day, Year)

IN WITNESS WHEREOF, THE PARTIES HEREUNTO AFFIX THEIR SIGNATURES:

(Apprentice Signature)

(Signature of Sponsor's Authorized Official)

(Address)

(Title of Authorized Official)

(City, State, Zip)

(Address)

(City, State, Zip)

(Parent/Guardian Signature)

(Date)

(Signature And Title Of Authorized Official) ,Director

☐ MD Council

☐ B.A.T.

☐ Sponsor

☐ Participating Employer

☐ Apprentice

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