



**CALIFORNIA FIRE FIGHTER  
JOINT APPRENTICESHIP COMMITTEE**

1780 Creekside Oaks Drive, Suite 201, Sacramento, CA 95833

**Change in Apprenticeship Status**  
**(Do NOT use to request new apprenticeship agreements)**

Department: \_\_\_\_\_

Apprentice: \_\_\_\_\_

Apprentice SSN or JAC #: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Reason for change in apprenticeship status:

- Promoted to non-apprenticeable occupation
- Injured (off work or on light duty)
- Leave of absence
- Left department
- Other: \_\_\_\_\_

**PLEASE COMPLETE ALL APPLICABLE SECTIONS**

Reason for leaving department: \_\_\_\_\_ Date: \_\_\_\_\_

Leave of absence date: \_\_\_\_\_ Reinstatement date: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Training Coordinator's Name

You may send this by FAX to: (916) 922-0972 or email to [CFFJAC@cpf.org](mailto:CFFJAC@cpf.org).  
This form is available on the CFFJAC website, [www.CFFJAC.org](http://www.CFFJAC.org)