



Change in Status

PLEASE PRINT.

Complete only parts where information has changed. Provide both previous and current information. This form should be completed by apprentice or employer.

Date changes are effective:	
Previous Information	Current Information
I. Personal Information	
Name:	
Address:	
County:	
Phone:	

II. Employer Information	
Employer Name:	
Address:	
County:	
Phone:	

III. Employer Status	
Number of hours worked per week:	
Leave of absence:	
Last date of employment:	
Reason for leaving:	

V. Mentor Information	
Mentor/Mentee Status:	

If you are choosing to discontinue participation in the ACDS program, please state the reason:

Submitted by

Date

Position

Submit completed form to:
 Sherrie Myers, ACDS State Coordinator
 611 7th Avenue Suite 208
 Huntington, WV 25701
 Fax: 304-697-6613

Office Use Only	Date	Initials
Entered		
Scanned		