

UTAH CAREER CENTER  
640 North Billy Mitchell Road  
Salt Lake City, UT 84116  
801-295-6198  
Fax 801-295-5864

**APPRENTICE TERMINATION REPORT**

Name of Apprentice: \_\_\_\_\_

Contractor: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

1. Is this person's personality and attitude favorable?

\_\_\_\_\_

2. Did this person get along with their fellow workers and/or supervisor?

\_\_\_\_\_

3. To your knowledge did this person have a problem with drugs or alcohol?

\_\_\_\_\_

4. Did this person have a problem with absenteeism or tardiness?

\_\_\_\_\_

5. Would you recommend this person be rehired?

\_\_\_\_\_

6. What specific action would you recommend that the Joint Apprenticeship Committee take with this person?

\_\_\_\_\_

7. Any other comments on this apprentice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person completing questionnaire

\_\_\_\_\_

Position \_\_\_\_\_