

ETA Form 9206, 1A - Registered CTE Apprenticeship Program Participating Employer Tear-Off

Complete the sections below for each participating employer in a registered CTE apprenticeship program. If new employers wish to join the program at a later date, the sponsor must fill-out and submit ETA Form 9206, Part 1A for every new employer before the employer joins the program.

Section A. PROGRAM INFORMATION		
1. Sponsor Name	2. Program Number	3. RAPIDS Code
4. CTE Apprentice Job Title	5. Approved Industry Skills Framework	6. State-approved CTE Program
Section B. PARTICIPATING EMPLOYER INFORMATION		
1. Name of Participating Employer		
2. Participating Employer's Primary Point of contact (Last, First, Middle Initial)	3. Title of Primary Point of Contact	
4. Address		
5. City	6. State	7. Zip Code
8. Telephone Number	9. Email Address	10. Cell Phone Number (Optional)
11. Employer Identification Number (EIN)	12. NAICS Code of the Participating Employer	
13. Size of the Participating Employer's Workforce	14. Number of Journeyworkers Employed	
Section C. CTE APPRENTICE EMPLOYMENT INFORMATION		
1. CTE Apprentice Entry Wage	2. CTE Apprentice Final Wage	
3a. Are wages paid during CTE apprenticeship-related instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Enter Wage Amount:	3b. Hours when CTE apprenticeship-related instruction is provided (Select One) <input type="checkbox"/> During Work Hours <input type="checkbox"/> Not During Work Hours <input type="checkbox"/> Both During and Not During Work Hours	
3c. Hours when Registered CTE Apprenticeship on-the-job training is conducted (Select all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> During the Summer <input type="checkbox"/> During School Hours		

4. Wage Rate (Select One)

% of CTE Apprentice Final Wage \$ amount of wage Both % and \$ amount of wage

5. Wage Progression Schedule

a. Wage Progression Step	b. Hourly Wage/ % of CTE Apprentice Final Wage (If Applicable)	c. Duration (If Applicable)	d. Number of Skills and Competencies (If Applicable)
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			
10.)			

6. Fringe Benefits [if applicable]

a. Does the sponsor or any participating employer provide fringe benefits to CTE apprentices? (Select One)

Yes No

b. If yes, please select any fringe benefits that apply:

Health Insurance Contribution Life Insurance Pension/Retirement Contribution

Vacation Sick Leave Paid Holidays

Other "bona fide" fringe benefits Please list: _____

c. If yes to item 6a above, please provide an approximate hourly value of the total fringe benefits provided.

Section D. SIGNATURES

1. Name of Individual Signing on Behalf of the Participating Employer	2. Title of Individual Signing on Behalf of the Participating Employer
3. Signature	4. Date
5. Name of Individual Signing on Behalf of the Program Sponsor	6. Title of Individual Signing on Behalf of the Program Sponsor
7. Signature	8. Date
9. Registration Agency	10. Name of Registration Agency Representative
11. Signature	12. Date

PLEASE NOTE: Once this form has been completed, return to ETA Form 9206, Part I (Registered CTE Apprenticeship Program Registration) to complete Section K (Academic Credit and Interim Credentials) and proceed to complete the remainder of the form. After the sponsor has completed the CTE apprentice employment information for each participating employer in ETA Form 9206, Part IA (Registered CTE Apprenticeship Program Participating Employer Tear-off), please attach each completed ETA Form 9206, Part IA to the program ETA Form 9206, Part I (Registered CTE Apprenticeship Program Registration).

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average ten minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 U.S.C. 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 or email OA-ICRs@dol.gov and reference OMB Control Number 1205-0NEW. Note: Please do not return the completed ETA Form 9206, Part IA to this address.
