

State of California - Department of Industrial Relations
 DIVISION OF APPRENTICESHIP STANDARDS

The registration and recordkeeping for apprentices, along with any evaluations (one year or otherwise), will be the sole responsibility of the:

Program Sponsor
 Employer (Requires New DAS File #) _____

EMPLOYER AGREEMENT

Name of Program Sponsor Inland/Desert Employers Apprenticeship Mechatronics		DAS File No. 100709
Name of Employer		Contact Name
Employer Address - Street Address, City & Zip Code		Telephone No.

Mailing Address If different from Employer Address above - Street Address, City & Zip Code

Occupation Name(s) Mechatronics Technician	O*Net Code(s) 17-3024.00
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A C T I O	<input checked="" type="checkbox"/> New Employer Subscription Agreement	<input type="checkbox"/> Revision of Selection Procedures
	<input type="checkbox"/> Revision of Work Processes	<input type="checkbox"/> Revision of Wages
	<input type="checkbox"/> Revision of Related Instruction	<input type="checkbox"/> Revision of Other Compensation
	Effective Date of Action:	

The undersigned employer will follow the work processes, competencies and/or certifications, along with the probationary period, RSI and wages outlined in the Apprenticeship Standards, unless indicated otherwise below. All adjustments shall be detailed and attached to this agreement.

Standards will be followed as written Standards will be followed as written, except for the following (or attached):

- Work processes / Competencies / Certifications
- Probationary Period New Probationary Period (months)
- Related & Supplemental Instruction (RSI)
- Wage and Advancement Schedules (see below)

Present Journeyman Wage \$ _____ Per	Effective Date of Journeyman Wage _____
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Apprentice or Trainee Wage Scale (indicate amount of time [hours, weeks or months], competencies and/or certifications and dollar amount.)

1st Per.		5th Per.	
2nd Per.		6th Per.	
3rd Per.		7th Per.	
4th per.		8th Per.	

Overtime Provisions:

<p>Straight Time Hours <input type="checkbox"/> 8 Per Day <input checked="" type="checkbox"/> 40 Per Week</p> <p>Other Compensation Eff. Date Per: <input type="checkbox"/> our <input type="checkbox"/> nth</p> <table style="width:100%;"> <tr><td>A. Health & Welfare</td><td>_____</td><td>\$</td></tr> <tr><td>B. Pension</td><td>_____</td><td>\$</td></tr> <tr><td>C. Vacation</td><td>_____</td><td>\$</td></tr> <tr><td>D. Apprentices Funds</td><td>_____</td><td>\$</td></tr> <tr><td>E. Other</td><td>_____</td><td>\$</td></tr> <tr><td>Total</td><td>_____</td><td>\$</td></tr> </table>	A. Health & Welfare	_____	\$	B. Pension	_____	\$	C. Vacation	_____	\$	D. Apprentices Funds	_____	\$	E. Other	_____	\$	Total	_____	\$	<p>I would like to be considered as an employer representative on the apprenticeship committee.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
A. Health & Welfare	_____	\$																	
B. Pension	_____	\$																	
C. Vacation	_____	\$																	
D. Apprentices Funds	_____	\$																	
E. Other	_____	\$																	
Total	_____	\$																	

The undersigned Employer hereby subscribes to the provisions of and adopts these Apprenticeship Standards formulated by the Program Sponsor. The Employer agrees to carry out the intent and purpose of said standards and to abide by the rules and decisions of the Program Sponsor established under these Apprenticeship Standards. The Employer affirms they have been furnished a true copy of the Standards, have read and understood the Standards, and do hereby request registration/certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the Employer or Program Sponsor. On-the-job, the Apprentice is hereby guaranteed assignment to a skilled and competent Mentor and is guaranteed that the work assigned to the Apprentice will be rotated so as to ensure training in all phases of work.

Signature - Subscribing Employer _____ Date _____		Signature - Union (if applicable) _____ Date _____	
CERTIFIED AS CORRECT:			
Signature - Apprenticeship Consultant _____	Date _____	Signature - Committee Chair or Program Administrator _____	Date _____

These Revisions are hereby made a part of and supersede provisions of Standards previously approved.

Approved for/by - Chief, Division of Apprenticeship Standards (Chiefs signature required for all new file numbers)	Date Approved
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