



Apprentice Trainee Wage Rate Info

Name of Trainee: _____ **Current Level:** _____

Apprentice ID: _____

Certification Date: _____ **Void after 90 days**

Registration Date: _____

Classification: _____ **Ratio** ____ **to** _____

Hourly Base Rate of Pay \$ _____ **Fringe Benefit \$** _____ **Wage Total \$** _____

Program Name: _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Wage Rates: \$ _____ % _____ **Level** _____

Expected Promotion to Next Level: _____

Expected Graduation to Journeyman: _____

Amount of Fringe Benefits Applied. (i.e. medical, dental, 401K etc. Identify in chart below)

Fringe Benefit	\$\$ / Rate Per Hour	Fringe Benefit	\$\$ / Rate Per Hour
Medical			
Dental			
Vacation			
Sick			
Holiday			

Contact Person _____ **Phone** _____ **E-mail** _____