



# Florida Electrical Apprenticeship Assoc., Inc.

## CHANGE OF EMPLOYER AGREEMENT FORM

### Instructions to Apprentice:

**Important:** This form must be completed by your current employer and your new employer, and returned to the FEAA office. **This action must be completed prior to your change of employer.**

**Apprentice Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I agree with the termination of this apprentice's sponsorship.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

**New Employer:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I agree to fully sponsor \_\_\_\_\_ in the electrical trade  
Apprentice's Name

**and apprenticeship program.**

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

**Committee Action:** \_\_\_\_\_

**Date:** \_\_\_\_\_