



NYS Department of Labor
Apprentice Training

MAY 18 2016

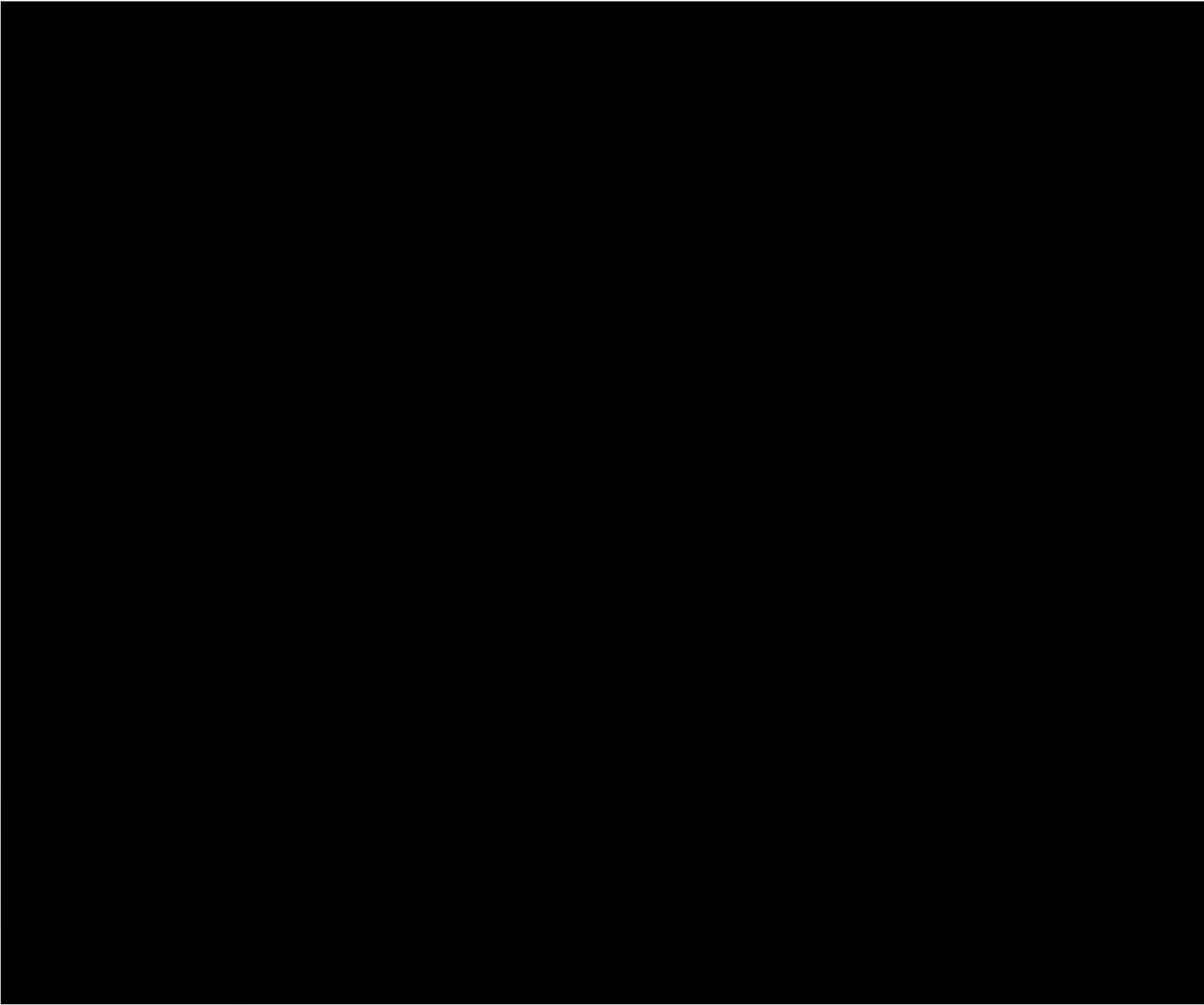
SP:
ATP:



New York State Department of Labor
Central Office
Apprentice Training Program Transmittal

Sponsor Optimax Systems, Inc.		District Western-Roch.
Name, local no. and address of union (If none, write none) None		
Trade / Occupation Precision Optics Manufacturing Technician		Requested date 04/29/2016
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> JAC
<input type="checkbox"/> Group	<input checked="" type="checkbox"/> Non-Joint	<input checked="" type="checkbox"/> Non-JAC
Indentured by:		<input checked="" type="checkbox"/> State
<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Agent	<input type="checkbox"/> Federal

New program (explain "Yes" answers in Comments below)





NEW YORK STATE DEPARTMENT OF LABOR
RELATED INSTRUCTION AVAILABILITY

NYS Department of Labor
Apprentice Training

MAY 18 2016

Received
Apprenticeship Unit

FEB 8 2016

ROCHESTER

Central Office

Trade Precision Optics Manufacturing Technician		
Sponsor Name Optimax Systems, Inc.		
Sponsor's Representative Mary Ann Rzeszutek - Trainer/Educator		
Sponsor Address (No. & Street) 6367 Dean Parkway		(City) Ontario
(County) Wayne	(State) NY	(Zip Code) 14519
Sponsor Telephone No. 585-265-1020		
Proposed Number of Apprentices 5		

RELATED INSTRUCTION IS NOT AVAILABLE

RELATED INSTRUCTION IS AVAILABLE AT:

Name of School Monroe Community College
Economic & Workforce
Address Development Center
1057 East Henrietta Road
Address Rochester, NY 14623

School Representative:

Ross Micali

Name and Address of DLEA:

Melissa Stuart, DLEA
Wayne Finger Lakes BOCES
131 Drumlin Court
Newark, NY 14513

AT Office Name and Address:

NYS Department of Labor
Office of Apprentice Training
276 Waring Road
Rochester, NY 14609

Apprentice Training Representative:

Date Prepared:

01/07/16

Signature of DLEA

Date Prepared: 2/5/16



New York State Department of Labor

Sponsor Information Sheet

NYS Department of Labor
Apprentice Training

MAY 18 2016

Central Office

Instructions:

- Please complete all questions. If a question does not apply to your entity, please enter "N/A."
- You must include an explanation and supporting documentation for all "yes" responses.
- For Individual Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and from the union.
- For Individual Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor only.
- For Group Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company and union that serves on the governing body as a Joint Apprenticeship Training Committee (JATC) member. Only one AT 9 is required per union.
- For Group Non-Joint Programs, you must submit a completed AT 9 form from the applicant/sponsor and each signatory company that serves on the Board of Directors or other governing body of the applicant/sponsor.
- You must have the completed form notarized by a Notary Public or certified by a Commissioner of Deeds or we will not accept it.

Sponsor Name: Optimax Systems, Inc.		Trade Name: Precision Optics Manufacturing Technician
Name of Entity Completing Form: Mary Ann Rzeszutek		FEIN No.: [REDACTED]
Mailing Address: 6367 Dean Parkway		NYS Employer Registration (ER) No.: [REDACTED]
Fax No.: (585) 265-1033	Phone No.: (585) 565-1020	E-mail Address: [REDACTED]
Type of Entity (Mark primary function): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> JATC <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Signatory Company serving on the JATC or on the Board of Directors or other governing body For partnership or joint venture, list names and addresses of all partners. For corporations, list names and addresses of all officers and directors. For "Other", explain. Submit details on the letterhead of the person or entity completing the form.		
How many years has your organization been in business? 24 years		
Have you done business under a different name? If yes, attach on company or union letterhead a list of the names of the former entity(ies) with their address(es), FEIN(s) and ER No(s).		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the Sponsor a Group Joint or Group Non-Joint Program? If yes, list the names, addresses, and FEIN or NYS ER Nos. for each employer who is signatory to the program. Submit this data in an unprotected electronic spreadsheet (e.g. Excel) to the Apprentice Training Representative.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Answer all questions below. For all yes responses, attach explanation and/or appropriate documentation.

Within the past five (5) years has your organization, any affiliate, any predecessor company or entity, owner of 5% or more of the entity's shares, director, officer, partner, or proprietor been the subject of:

A conviction for a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An indictment or pending indictment for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A grant of immunity for any conduct constituting a crime under state or federal law?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A federal suspension, debarment, bid rejection or disapproval of any proposed contract or subcontract for lack of responsibility; or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupational Safety and Health Administration (OSHA), or US Department of Labor (USDOL) Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the USDOL Wage and Hour Division?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any pending or open investigation of a possible violation of New York State, any other state, or municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any determination of a violation of any state or municipal law or regulation, including, but not limited to, Public Work violations? If yes, was the violation determined to be willful?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any stipulations, settlement, consent order or like agreement involving any state, municipal or federal enforcement action (judicial or regulatory)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any investigations, claims or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts or local Civil Rights Commissions?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Certification – I, the undersigned recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, signatories or union at the time of this new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

Applicant, sponsor, signatory or union:

- Certifies that the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein
- Certifies that intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL) § 210.35, and may be punishable by a fine of up to \$1000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1))
- Certifies that the information submitted in this questionnaire and any attached pages is true, accurate and complete

This authorizes the New York State Department of Labor to release any Unemployment Insurance (UI) information it may possess to the Apprenticeship Training Office to verify information and UI compliance in connection with this application or program.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, or signatory or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

 3/1/16 Rick Plympton, CEO
Signature of CEO, Chair or Representative granted legal authority Date Print Name and Title
to bind the Entity

Sworn to me this: 1st day of March, 2016 
Signature of Notary Public or Commissioner of Deeds

MARCIA L. SMITH
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SM6190545
Qualified in Monroe County
My Commission Expires September 08, 2016



New York State Department of Labor Apprenticeship Training Recruitment Notification and Minimum Qualifications

SP: ATP:

Optimax Systems, Inc. (Sponsor) located at 6367 Dean Parkway, Ontario, NY 14519 (Address)

is presently accepting applications for an estimated (No. of openings) apprenticeship training positions in the occupation of Precision Optics Manufacturing Technician (Trade)

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply. NYS Department of Labor Apprenticeship Training

Minimum Qualifications

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- Minimum age: 18
Minimum education: HSD or High School Equivalency Diploma (such as TASC or GED)
Physical condition: Be physically able to perform the work required as determined by Verbal statement.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

- Other: Must be an employee of the company. Must take the ACT WorkKeys exam and score a minimum of (4) in Reading for Information, (4) in Locating Information, and (5) in Applied Mathematics. Must be able to work for most of an 8 hour shift while standing. Must be able to work all shifts. Must be willing and able to attend all Related Instruction and have reliable transportation to get to work and attend Related Instruction classes.

Application forms may be obtained from: Online Application System
Name: Company Intranet
Address:
Dates: From: to:
Days:
Times:

Phone number: () Email address:

Special instructions: Current employees can find a copy of the application form on the company intranet through the HRIS (Human Resource Information System).

All applications must be received/postmarked (please circle) no later than

See Instructions on Reverse Side



NEW YORK STATE DEPARTMENT OF LABOR
SELECTION STANDARDS AND EVALUATIONS

Sponsor Code: _____
ATP Code: _____

NAME OF CANDIDATE	TRADE Precision Optics Manufacturing Technician		
ADDRESS	STATE	ZIP	

NYS Department of Labor
Apprentice Training

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ONLY THOSE CHECKED APPLY

EDUCATIONAL ACHIEVEMENT

Central Office

<input checked="" type="checkbox"/>	1	POINTS FOR EACH YEAR OF EDUCATION PAST GRADE <u>12</u> OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	10
<input checked="" type="checkbox"/>	2	POINTS FOR EACH YEAR OF RELATED TECHNICAL EDUCATION PAST GRADE OR EQUIVALENT AS RECOGNIZED BY LOCAL EDUCATIONAL AUTHORITIES	10
<input checked="" type="checkbox"/>	1	POINTS FOR EACH TRADE RELATED ADULT OR CONTINUING EDUCATION COURSE COMPLETED	
<input type="checkbox"/>		OTHER _____	

MAXIMUM POINTS ALLOWABLE NUMBER OF YEARS CREDITED SCORE

TOTAL	10			TOTAL
	2			
	4			
	4			

WORK EXPERIENCE

<input checked="" type="checkbox"/>	1	POINTS FOR EACH YEAR OF TRADE RELATED WORK EXPERIENCE	
<input type="checkbox"/>		POINTS FOR EACH YEAR OF ACTIVE MILITARY EXPERIENCE	
<input type="checkbox"/>		POINTS FOR EACH YEAR OF GENERAL WORK EXPERIENCE	
<input type="checkbox"/>		OTHER _____	

TOTAL 5 TOTAL

TOTAL	5			TOTAL
	5			

SENIORITY

<input type="checkbox"/>		POINTS FOR EACH YEAR OF EMPLOYMENT WITH SPONSORING FIRM	
<input type="checkbox"/>		OTHER _____	

TOTAL TOTAL

TOTAL				TOTAL
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JOB APTITUDE

SATB (SPECIFIC APTITUDE TEST BATTERY) # _____
POINTS FOR HIGH _____ MEDIUM _____ LOW _____

NAME OF ALTERNATIVE APTITUDE TEST: ACT WorkKeys
 ADMINISTERED BY Seneca County Workforce Development
 OTHER Spatial Visualization Test - www.aptitude-test.com

TOTAL 45 TOTAL

TOTAL	45			TOTAL
	40			
	5			

ORAL INTERVIEW: NOT TO EXCEED 40% OF TOTAL SCORE

<input checked="" type="checkbox"/>	1	ABILITY TO COMMUNICATE	
<input type="checkbox"/>		WILLINGNESS TO ACCEPT OBLIGATION OF APPRENTICESHIP	
<input checked="" type="checkbox"/>	1	ABILITY TO REASON AND COMPREHEND	
<input checked="" type="checkbox"/>	1	INTEREST AND MOTIVATION	
<input type="checkbox"/>		OTHER _____	
<input type="checkbox"/>		OTHER _____	

TOTAL 40 TOTAL

TOTAL	40			TOTAL
	8			
	6			
	26			

TOTAL ALLOWABLE POINTS →

100	TOTAL SCORE →	
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RANK _____

EVALUATED BY _____ DATE _____
(Name)

SPONSOR NAME Optimax Systems, Inc.

SPONSOR ADDRESS 6367 Dean Parkway, Ontario, NY 14519



- New Program
- Amended
- Renewal

Sponsor Code _____
 Trade Code(s) _____

**NEW YORK STATE DEPARTMENT OF LABOR
 APPRENTICE TRAINING PROGRAM
 AFFIRMATIVE ACTION PLAN**

NYS Department of Labor
 Apprenticeship Training

MAY 18 2016

To be Administered by: Optimax Systems, Inc. Central Office
Sponsor's Name

Address: 6367 Dean Parkway

Ontario, NY 14519
Zip Code

Plan is Effective From: 4 / 27 / 2016 To: 4 / 26 / 2021
Date Date

On behalf of the above named sponsor, I certify that it is our intent to fulfill this Affirmative Action Plan.

Signature of Sponsor: Alejandro A. Mendoza 4 / 27 / 2016
The above signature must be the employer's Chief Executive Officer or the
 Chair of the Joint Apprenticeship Committee or their authorized representative.
Date

Print Name: Alejandro A. Mendoza

Title: Human Resources Manager

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 Apprenticeship Unit

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ROCHESTER

PART I – EQUAL OPPORTUNITY STANDARDS

A. Provide a brief description of the nature and extent of the Sponsor’s business, the geographic area or jurisdiction where the business is performed, and the county or counties where the sponsor will recruit.

[REDACTED] Optimax specializes in Asphere, Cylinder, Sphere, and Plano/Flat optics in sizes up to 400mm. [REDACTED]

[REDACTED]
Optimax manufactures precision optical components for a wide variety of applications. [REDACTED]
[REDACTED]

[REDACTED]

Counties where sponsor will recruit: Wayne, Ontario, & Monroe.

B. Equal Opportunity Pledge

The sponsor recognizes that all qualified persons shall have equal opportunity in apprenticeship training, agrees that the commitments contained in the Affirmative Action Plan shall not be used for discriminatory purposes, and agrees to adhere to the following EQUAL OPPORTUNITY PLEDGE:

“The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, and Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and The Americans with Disabilities Act of 1990.

C. Affirmative Action Policy Statement /1

Attach a statement of the sponsor’s affirmative action policy. This statement must be official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

If responsibility for plan implementation has been delegated to other than the individual signing the Affirmative Action Policy Statement, that individual must be named in the Policy Statement.

D. Sexual Harassment Policy Statement /1

Attach a statement of the sponsor’s sexual harassment policy. This statement must be the official policy available for public and internal distribution, be on sponsor letterhead and signed and dated by the Chief Executive Officer or the Chair of the Joint Apprenticeship Committee.

/1 Sponsors needing assistance in developing an Affirmative Action and / or Sexual Harassment Policy Statement should contact the New York State Department of Labor’s Division of Equal Opportunity Development.

PART II – LABOR FORCE ANALYSIS / UTILIZATION STUDY

NYS Department of Labor
Apprentice Training

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A. The total labor force is 483,225 in the following county (counties) of:

Wayne

Monroe

Central Office
Ontario

The labor force includes: /1

African American

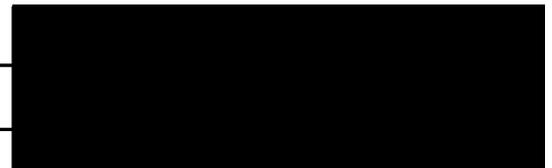
Hispanic

Other Minorities /2



Total Minorities

Women



B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

/1 Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, and Room 490, Albany, NY, 12240, telephone: (518) 457-3800.

/2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

Part III – CURRENT AND PROJECTED STAFFING AND ANNUAL GOALS

Title of Trade Precision Optics Manufacturing Technician

A. CURRENT STAFFING IN THE ABOVE TRADE

	Total	<u>African American</u>		<u>Hispanic</u>		<u>Other Minority</u>		<u>Women</u>	
		<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>
Active Journey workers									
Registered Apprentices									

B. PROJECTED NUMBER OF APPRENTICE INDENTURES/ ¹

YEAR	20	16	17	18	19	20	TOTALS
New Positions							
Vacancies From Turnover /2							
Total Indentures							

C. ANNUAL GOALS

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows: / ¹

YEAR	20	16	17	18	19	20	TOTALS
African American							
Hispanics							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Program. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Program in order to increase the effectiveness of the program.

¹ Where no apprentice indentures are planned for a particular group or year, enter "0".

² Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

PART IV – ACTION PLANS AND REQUIREMENTS

A. Outreach and Positive Recruitment Plan

Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary). The extent of outreach and recruitment activities may vary with the size and type of the program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5(c) for examples of outreach and positive recruitment.



**NYS Department of Labor
Apprentice Training**

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Central Office

PART IV – ACTION PLANS AND REQUIREMENTS (continued)

B. Recruitment

It is agreed that the sponsor will recruit applicants for apprenticeship by **(Check One)**

- () 1. Requesting the NYS Department of Labor’s approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
- An area-wide public recruitment will publicize the following information:
- a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
- () 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Department of Labor Division of Employment Services offices for a minimum of five full working days before any selections are made.
- (✓) 3. Limiting recruitment to present employees of the sponsor and / or present members of the union sponsoring the apprenticeship program. Employees must have been hired and / or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Department of Labor Division of Employment Services.
- () 4. Recruiting apprentices by methods other than those in A. 1, 2, or 3 above. A detailed statement of the recruitment method to be used must be attached to be submitted to the Commissioner of Labor for review and approval prior to being used. /1

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. **(Check One)**

- () Selection on basis of rank from a candidate list (only available for area-wide public recruitments).
Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
- a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and / or interview.

/1 A sponsor using this method of recruitment should contact NYSDOL Division of Equal Opportunity Development for technical assistance.

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PART IV – ACTION PLANS AND REQUIREMENTS (continued)

C. Methods for Selection of Apprentices (continued)

- (✓) 2. **Selection on basis of rank from a candidate list (available for non area-wide public recruitments).**
Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
- a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement. /1
- () 3. **Selection on a random basis.** From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
- a. The method of random selection shall be subjected to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprentice program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open to all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. This list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.
- () 4. **Alternative selection methods. /2**
- If apprentices are to be selected by other methods than in B 1, 2, or 3 above, a detailed statement of the selection method to be used must be attached and submitted to the Commissioner of Labor for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation

It is agreed that the minimum qualifications utilized will be those listed on Form AT 505 Apprentice Training Recruitment Notification and Minimum Qualifications, and / or Form AT 508, Selection Standards and Evaluation, attached.

/1 Sponsors are advised to keep all applications for a minimum of one year.

/2 A sponsor using this method of selection should seek NYSDOL Division of Equal Opportunity Development for technical assistance.

PART IV – ACTION PLANS AND REQUIREMENTS (continued)

E. Notification and Appointment of Candidates for Apprenticeship

It is agreed that whether selection is made from a certified list established by rank, random selection, list of current employees or union members, or alternative methods, the following notification procedure will prevail:

1. Each candidate who met the requirements for admission to the eligibility pool shall be notified in writing. This notification shall include a copy of the Complaint Procedure, Part 600.12
2. Each candidate who did not meet the requirements for admission to the eligibility pool shall be notified in writing of the reasons for rejection and of the requirements for admission to the eligibility pool. This notification shall include a copy of the Complaint Procedure, Part 600.12
3. Each qualified candidate selected for appointment shall be notified in writing at least 10 days prior to the commencement of the apprenticeship term. Such notification shall be sent by certified mail, return receipt requested.
4. After the commencement of the term of an apprenticeship program the program sponsors may appoint available additional or replacement apprentices from the list in the order of their ranking thereon. Notice of such appointment will be in writing and shall be sent by certified mail return receipt requested. No candidate on the list may be deleted from the list because of unavailability unless the candidate's unavailability extends seven days after delivery of notice.

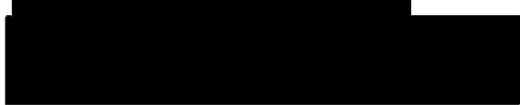
PART V – DISCRIMINATION COMPLAINT PROCEDURE

It is agreed that complaints will be filed in accordance with Part 600.12, Complaint Procedures, as defined under Equal Employment Opportunity in Apprentice Training Regulations.

PART VI – DISTRIBUTION

Send original of this plan to your Apprenticeship Training Representative; who will forward it for review by:

NYS Department of Labor
Albany Central Office



After approval of the plan, a copy will be forwarded to the Department's Apprenticeship Training Office and the original to the District Office to be returned to the Program Sponsor.