Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

ADOPTED BY

Early Care & Education Pathways to Success (ECEPTS)

DEVELOPED IN COOPERATION WITH:
THE U. S. DEPARTMENT OF LABOR
OFFICE OF APPRENTICESHIP

FOR THE OCCUPATIONS OF:

OCCUPATION	O*NET-SOC CODE	RAPIDS CODE
Early Care & Education Associate Teacher	25-9041.00	0657CB
Early Childhood Educator	25-2011.00	3004CB

Appendix D

<u>EMPLOYER ACCEPTANCE AGREEMENT</u>

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by **ECEPTS (Early Care & Education Pathways to Success)** and agrees to carry out the intent and purpose of said Standards and to abide by the rules and decisions of the Sponsor established under these Apprenticeship Standards. We have been furnished a copy of the Standards and have read and understood them, and request certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof. Nothing in this agreement or the Standards shall construe a right of continued employment by the apprentice, nor shall it be interpreted as being inconsistent with existing or subsequent employer policies contained in the employee company manual or policies provided to the apprentice. The Standards and associated Appendices are also modified for this employer as specified in the employer's modifications listed below.

On-the-job, the apprentice is hereby guaranteed assignment to a skilled and competent journey worker or mentor, with adequate supervision, and the training should follow the approved Work Process Schedule and Related Instruction Outline including the rotation of tasks. The employer further agrees to follow the selection procedures per the approved Standards or develop alternative selection procedures in the Employer Acceptance Agreement that are consistent with the requirements set forth in 29 CFR § 30.10(b). This employer acceptance agreement will remain in effect until cancelled voluntarily or revoked by the Sponsor or Registration Agency. This form must be signed and returned to the Sponsor and the Registration Agency in turn for the apprenticeship program to be registered and becomes effective.

_____   _____

(Print Name of Employer Representative)   *(Print Name of Sponsor Representative)*

Signed: _____   **Signed: _____**

(On Behalf of Employer)   *(On Behalf of Sponsor)*

Date: _____   **Date:** _____

Employer Title:

Name of Company:

Address:

City/State/Zip Code:

Phone Number:

Fax:

Email:

cc: Registration Agency, Sponsor

EMPLOYER MODIFICATIONS TO
STANDARDS OF APPRENTICESHIP AND APPENDICES

OCCUPATION:	**O*NET-SOC CODE**	**RAPIDS CODE:**
Early Care & Education Associate Teacher	25-9042.00	0657CB

(Existing RAPIDS Title: Teacher Aid 1)

Early Care & Education Teacher	25-9042.00	0657CB

(Existing RAPIDS Title: Early Childhood Educator)

Company employs _____ journey workers. Company employs _____ total workers.

Hours RSI Instruction Provided: ☐ during Work Hours / ☐ during Non-Work Hours / ☐ Both

STANDARDS OF APPRENTICESHIP CHANGES

SECTION I, SUBSECTION 2. - AFFIRMATIVE ACTION PLAN
 ☐ **will /** ☐ **will not** be employing five or more apprentices.

SECTION I, SUBSECTION 3. - SELECTION OF APPRENTICES
 ☐**will /** ☐ **will not** utilize the Selection Procedure in **Standards**.
 If will not, Selection Procedure will be as follows:

SECTION I, SUBSECTION D. - RELATED INSTRUCTION
 Apprentices ☐ **will /** ☐ **will not** be paid for hours spent attending Related Instruction classes during non-work hours.

APPENDIX A CHANGES
* SELECTION PROCEDURES
  ☐ **will /** ☐ **will not** utilize the Selection Procedure in **Appendix A**.
  If will not, Selection Procedure will be as follows:

* WAGE SCALE
  ☐ **will /** ☐ **will not** utilize the Wage Scale in **Appendix A**.
  If will not, Wage Scale will be as follows:

  Starting Wage: **Ending Wage:**
* WORK PROCESSES SCHEDULE
  ☐ **will /** ☐ **will not** utilize the Work Processes Schedule in **Appendix A**.
  If will not, Work Processes Schedule will be as follows:

* RELATED INSTRUCTION OUTLINE
  ☐ **will /** ☐ **will not** utilize the Related Instruction Outline in **Appendix A**.
  If will not, Related Instruction Outline will be as follows:

APPENDIX C – AFFIRMATIVE ACTION PLAN: ☐ Not Applicable / ☐ Attached