Department of Labor & Industries Apprenticeship Section PO Box 44530 Olympia WA 98504-4530

TO:



Washington State Apprenticeship & Training Council

REQUEST FOR CANCELLATION OF PROGRAM

Teri Gardner 5-1-24

RECEIVED 5/1/2024

SNYS

L&I apprenticeship coordinator

Aaron Poquette, Maintenance Superintendent Hampton Lumber - Randle, 1805 (NAME OF PROGRAM) Check Type of Standards being requested to be cancelled: Committee Plant OJT Number of Registered Apprentices or Trainees: 0 Reason(s): See attached letter from Aaron Poquette, Maintenance Superintendent representing the Hampton Lumber - Randle apprenticeship program.

	page
Requested by:	Approved by:
(chr.) Aaron Poquette	Washington State Apprenticeship & Training Council
(sec.)	Secretary of Council
date:	Date:
5/1/2024	

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TO:

Shawn Snyder Apprenticeship Consultant Department of Labor and Industries

Dear Shawn,

I am writing this to request that Hampton Lumber – Randle mill's apprenticeship program be fully cancelled. Hampton Lumber – Randle has offered apprenticeship to individuals for well over a decade and has had much success over this time. Apprenticeship holds a special place personally as I myself went through this very apprenticeship at the Randle mill several years ago and value the education and experiences gained through apprenticeship. With this said, it has become apparent the past couple of years that apprenticeship no longer fits the needs of our department or our facility as a whole.

I do wish to thank you individually, as well as all of the other apprenticeship consultants over the years that not only helped to make apprenticeship at Hampton Lumber – Randle a reality, but also offered their support and tutelage long after the program's inception. Again, I thank you all. Please do not hesitate to contact me should you have any questions.

Regards,

Aaron Poquette

Hampton Lumber

Cowlitz Division Maintenance Superintendent

(360) 497-0201

aaronpoquette@hamptonlumber.com

Report Period: 1/1/2024 -

Report Create Date: 5/1/2024 3:45:00 PM

Apprentice Id	First Name	Middle Name	Last Name	Program Id	Program Name	Occupation	Occupation	Soc Code	Registration	Current	Cancelled	Status Date	Previous
						ld	Name		Date	Status	Reason		Credit
Additional	OJTWork	OJTFinal	Total	Anticipated	OJTPercentage	Term In	RSICredited	RSIReported	Total	Anticipated	RSIPercent	Program	Quarter
Credit	Hours	Hours	OJTHours	OJTHours		Hours	Hours	Hours	RSIHours	RSIHours	age	RSIHours	Count
OJTReported	RSIReported	Probation	Probation	Years In	Anticipated	Initial Step	Initial Step	Current Step	Current Step	Transfer	Gender	Disability	Age
Quarter Count	Quarter Count	Start Date	End Date	Program	Completion Date	Number	Eff Date	Number	Eff Date	Date			
City	State	Race	Ethnicity	Veteran	Education	Direct Entry	Other	Sub Program					
						Flag	License						