

**NEW MEXICO PUBLIC EDUCATION DEPARTMENT  
APPRENTICESHIP ASSISTANCE ACT**

**MID-YEAR SURVEY**

Name of Program: \_\_\_\_\_ OA or SAC Number: \_\_\_\_\_  
 Date \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Completed: \_\_\_\_\_

Check here if you are **NOT** requesting a change:

The MID-YEAR Survey is required to be submitted with the second quarter claim every year for the Apprenticeship Assistance Act in order to use all resources efficiently and provide additional funding for all programs, as available.

**APPRENTICE DECREASE**

- DIRECTIONS:** To request a **DECREASE** complete the following:  
 Column A: Insert the number of apprentices for which you are currently approved.  
 Column B: Insert the number of apprentices that you would like to **DECREASE**.  
 Column C: Insert the number of training hours approved by OA or SAC for the trade.  
 Column D: Multiply column B and column C.  
 Column E: Insert the approved hourly rate.  
 Column F: Multiply columns D and E. This is your total **DECREASE** request.

A	B	C	D	E	F
<b>Current Number of Apprentices</b>	<b>Number of Apprentices that you would like to DECREASE</b>	<b>Approved Training Hours Per Apprentice</b>	<b>Total Hours # of Apprentices (B) times # of Hours (C)</b>	<b>Hourly Rate</b>	<b>TOTAL DECREASE REQUESTED</b>
					\$