TRAINEE/APPRENTICE AGREEMENT

STATE OF MAINE BUREAU OF HUMAN RESOURCES

Supervisor Copy

DEPARTMENT	BUREAU/DIVISION		CLASS TITLE WITH OPTION
CLASS CODE	NAME OF SUPERVISOR		NAME OF TRAINEE
TRAINEE RANGE AND STEP		DATE OF AGREEMENT	
BEGINNING DATE		EXPECTED ENDING DATE	
SIGNATURE OF SUPERVISOR		SIGNATURE OF TRAINEE	
1. In signing this Agreement, the Super 2. In signing this Agreement, the Traine Service is contingent upon completion 3. The Trainee shall be afforded vacationsurance Program, and shall contribut 4. The Trainee may elect to terminate a weeks prior to the intended departure of 5. The Trainee may be dismissed for untraining period. 6. The Trainee may be dismissed at any progress. 7. The Trainee is not awarded seniority regular appointment is made. 8. Time spent in the Trainee Program is 9. The Trainee is not allowed promotion 10. The Supervisor shall give two weeks 11. This Agree is entered into without of the supervisor shall give two weeks 11.	ee agrees to pursue tra of the Trainig Program on, sick leave, and holi e to retirement on the s t anytime by providing late. Is atisfactory progress of the time spent in the senot to be used toward and rights until a regulation	ining diligently, and use and the State Examinate day benefits, may sulted as a regulate Supervisor writted in the training programe Trainee Program use the probationary per appointment is mad tice to the Trainee sh	understands that tenure to State nation for this class. oscribe to a state supported Health lar state employee. In notice of intent not later than two am after the middle of the scheduled actices not related to training until the program is completed and a riod. It is a concelled.

Trainee Copy

BHR Copy