Standards of Apprenticeship Wage Amendment Sheet

From: _____
(Company)

Address: _____

Effective as of: _____ **Trade:** ___Dispensing Optician_____.

Per section 5, through 7

Wage Scale: **Period – (Hours, Months, Years):** _____5 - 1200 to 2000 HRS_____.
Number - Period

This is to be expressed in percentages %.

1st year	**60%**	**2nd year**	**70%**	**3rd , 4th and 5th years**	**80%**

This is to be expressed in dollars and cents

Minimum journeyperson's wage rate as of: _____ **$** _____ **per hour**

Hours per day_____ **Hours per week**_____ **Overtime Rate $**_____

_____
Signature of Program Sponsor / Person Responsible for Program

Date: _____