

FLORIDA DEPT. OF EDUCATION -- ACTION REPORT FORM

Agency Use Only

Today's Date: _____

Program Number: _____

Registered Program Name: _____

RAPIDS #: _____

Trade Name: _____

- Action Codes:**
- 01 -- Registration 05 -- Reinstate
 - 02 -- Credit 06 -- Repeat OJT
 - 03 -- Complete 07 -- Repeat Related Instruction
 - 04 -- Cancel

Data Entered by Sponsor (check box if yes):

Data Entered by Agency: _____

[Date] [Initials]

Recorded in Agency File: _____

[Date] [Initials]

[Signature of Approving Official]

[Date]

- Cancel Codes:**
- 01 -- Discharged / Released 07 -- Not Attending Related Instruction
 - 02 -- Entered Military Service 08 -- Agency Cancelled Program
 - 03 -- Illness / Death 09 -- Sponsor Cancelled Program
 - 04 -- Lack of Work 10 -- Retired / Resigned
 - 05 -- Left for Other Employment 11 -- Transferred to Another Program
 - 06 -- Left for Related Employment 12 -- Unsatisfactory Performance
 - 13 -- Voluntarily Quit

DO NOT MIX ACTION CODES -- USE SEPARATE FORMS -- TYPE OR PRINT IN INK IF NOT COMPLETED ON COMPUTER

| Please list names in alphabetical order. Enter last name, first name, middle initial | Participant I.D. Number | Action Code | Date of Action | Extension Date | Wage | Cancel Code | 02 -- Credit (IN HOURS) |
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|--|------------------|-------------|--------|
| [Printed Name of Committee Member / Sponsor Signatory Authority] | Sign in Blue Ink | [Signature] | [Date] |
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