



**ASSEMBLY STANDING COMMITTEE ON LABOR
ASSEMBLY STANDING COMMITTEE ON SMALL BUSINESS
ASSEMBLY COMMISSION ON SKILLS DEVELOPMENT AND CAREER EDUCATION**

NOTICE OF PUBLIC HEARING

SUBJECT: Apprenticeship Programs in New York State

PURPOSE: To evaluate the status and examine the role of apprenticeship programs in New York State.

**Assembly Hearing Room
250 Broadway, Room 1923, 19th Floor
New York, New York 10007**

**Wednesday
December 9, 2015
12:00 PM**

ORAL TESTIMONY BY INVITATION ONLY

Apprenticeship programs provide a unique educational experience that allows apprentices to train under the guidance of experienced journey workers while earning a living. Apprenticeship programs offer individuals in pursuit of a career a viable alternative to the traditional higher education route. The utility of apprenticeship programs in New York State is undeniable. They are an important tool in New York's workforce development efforts. The New York State Assembly Committees on Labor and Small Business and the Commission on Skills Development and Career Education would like to evaluate the status of current apprenticeship programs and determine how to improve and/or expand apprenticeship opportunities within New York State.

Persons invited to present pertinent testimony to the Committees and Commission at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes duration. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Michele Titus

**Member of Assembly
Chair
Committee on Labor**

Fred Thiele, Jr.

**Member of Assembly
Chair
Committee on Small Business**

Harry Bronson

**Member of Assembly
Chair
Commission on Skills Development and Career Education**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the status of Apprenticeships in New York State are requested to complete this reply form as soon as possible but no later than Monday, December 7, 2015 and mail, email, or fax it to:

Fletcher Whyland
Committee Assistant
Assembly Committee on Labor
Room 520 - Capitol
Albany, New York 12248
Email: whylandf@assembly.state.ny.us
Phone: (518) 455-4311
Fax: (518) 455-7095

- I plan to attend the following public hearing on the status of Apprenticeships in New York State to be conducted by the New York State Assembly Committees on Labor and Small Business and the Commission on Skills Development and Career Education on Wednesday, December 9, 2015.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX: _____