

From: sean bredwell <seanrevenge@gmail.com>

Sent: Monday, September 28, 2020 3:31 PM

To: Joan Finlay <jfinlay@gov.nv.gov>

Subject: Appeal to eboard

I am looking to appeal the decision of the local 350 eboard on removing me from the apprenticeship program.

Sean Bredwell

Phone Number (75-666-5002)

Mary Eileen. Woltz

From: Richard J. Williams
Sent: Wednesday, October 7, 2020 12:34 PM
To: [REDACTED]
Cc: Mary Eileen. Woltz
Subject: Appeal request

Mr. Bredwell,

I left a voicemail for you earlier today to discuss your appeal request, so this is a follow up.

Our office has received your appeal request regarding your cancellation from the Local 350 apprentice program.

Please forward any and all additional documentation you may have regarding this cancellation.

What you provide will be presented to the Nevada State Apprenticeship Council for its consideration at one of its' next public meetings.

When a meeting date/time has been set for your appeal to be heard, our office will notify you.

Thank you,

Richard J. Williams
State Apprenticeship Director

Governor's Office of Workforce Innovation (OWINN)
State of Nevada | Office of Governor Steve Sisolak
555 E. Washington Avenue (Ste. 4900)
Las Vegas, NV 89101



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U A LOCAL 350
PIPE TRADES
APPRENTICESHIP

1150 GREG STREET, SPARKS, NV 89431
(775) 359-2229 • Fax: (775) 359-3485



September 10, 2020

Sean Bredwell
750 E Stillwater Ave Spc 83
Fallon NV 89406

Dear Sir & Brother,

You were brought before the committee on September 9, 2020 for the following reasons:

To have the committee reconsider their last decision regarding your apprenticeship status for missing class scheduled for July 20th (GoToMeeting Class) and July 21st after being in possible contact with Covid-19 on July 4th, well past the CDC's recommended time of isolation.

After meeting with you and the discussion between to board members, the Joint Apprenticeship Training Committee has elected to finalize cancellation of your apprenticeship agreement with the Plumber and Pipefitter, HVAC Local 350 Apprenticeship Program.

Please be advised that due to your apprenticeship agreement being cancelled, you are no longer eligible to attend classes or work as an apprentice

Your cancellation notification has been sent to the Nevada State Apprenticeship Council; Governor's Office of Workforce Innovation for a New Nevada (OWINN) and you have the right to appeal this action within 30 days of this notice by contacting the Nevada State Apprenticeship Council; Governor's Office of Workforce Innovation for a New Nevada (OWINN, 555 E Washington Avenue, Suite 4900, Las Vegas NV 89101 (702-486-8080).

This letter is in accordance with Nevada Administrative Code (NAC) 610.460 Sec 5.

Sincerely,

Randy L Canale
Training Coordinator



APPRENTICE APPEAL REQUEST FORM

Apprentices Information:

Name: Sean Douglas Bredwell		Date: 10/06/2020
Mailing address: 750 E Stillwater Ave SPC83		Phone: [REDACTED]
E-Mail:		Fax:
City: Fallon	State: NV	Zip+4: 89406
Date of Cancellation: 09/09/2020	Date of Appeal:	

Attorney Information: If an attorney will represent you at the hearing please complete

Name:	Date:
Mailing address:	Phone:
E-Mail:	Fax:

Program Information:

Name (i.e. program, committee, training agent, etc): Local 350	
Address: 1150 Greg St	Phone:
City: Sparks	State: NV Zip+4: 89431

Details of complaint and please be clear and specific to include dates, names, job sites of alleged incidents. (Provide Documentation, if possible, in support of complaint such as affidavits, declarations, payroll, etc.) (continue on separate page if needed)

I got removed from APPRENTICESHIP due to missing class because I came in contact with someone with Covid. I was not very clear on the details, thus explained to Board and they still removed me once I told them what happened. I hung out with buddy on July 8th or 9th and the next day is when he got sent home to be tested thus putting the 2 weeks on July 22nd and 23rd 1 or 2 days passed the class at the hall. On the 20th for go meeting APP I had to help friend that broke down in California.

Apprenticeship Standards, NRS 610, or NAC 610 rule(s) violated (if known)

Appellant's Signature: <i>[Signature]</i>	Date: 10/06/2020
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Via Certified Mail

October 13, 2020

Sean Bredwell
750 E. Sillwater Ave., Spc. 83
Fallon, NV 89406

Dear Sean:

In accordance with NAC 610.461 and NRS 241.033, we are writing to notify you that your appeal request regarding your dismissal from Plumbers Local 350 JATC is now scheduled to appear before the State Apprenticeship Council on November 19, 2020 at 9:00 am. In accordance with NAC 610.462, please be ready to provide testimony and support for your case.

For information about this meeting, please check the OWINN website at the following link:
<http://owinn.nv.gov/Apprenticeship/Meetings/Meetings/>.

If you have any questions, please feel free to contact the OWINN office at 702-486-8080.

Thank you.

Sincerely,



Richard J. Williams
Nevada State Apprenticeship Director

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7019 2970 0000 5056 1811
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U.S. Postal Service™ *Attn: R. Williams*
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Adult Signature Restricted Delivery \$ _____

Postage \$ _____

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Postmark Here

Sent To *Sean Bredwell*

Street and Apt. No., or PO Box No. *750 East Sillwater Ave., Spc. 83*

City, State, ZIP+4® *Fallon, NV 89406*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sean Bredwell
750 E. Sillwater Ave.
Spc. 83
Fallon, NV 89406



9590 9402 5881 0038 7657 73

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

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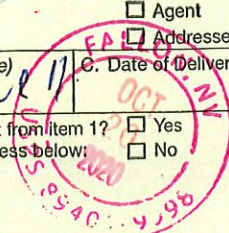

Insured Mail

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015

7019 2970 0000 5056 1811

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) Sean Bredwell</p> <p>C. Date of Delivery </p>																
<p>1. Article Addressed to:</p> <p>Sean Bredwell 750 E. Sillwater Ave. Spc. 83 Fallon, NV 89406</p>  <p>9590 9402 5881 0038 7657 73</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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