

## STATE OF NEVADA Nevada State Apprenticeship Council 5910 Form

| Title   Sr, Program Manager, HR Type of Program: CB   NAICS Code   |                 |  |  |
|--|-----------------|--|--|
| Type of Action: (Check One)  |                 |  |  |
| A.   | <u> </u>        |  |  |
| each occupation) hours) (Classroom hours) workers Apprentices in Training Worker Hourly Rate  Business Support Analyst 2000 176 5 1 \$23.00 5  HOURLY APPRENTICE WAGES BY PERIOD (Excluding Benefits) Top Line Dollar Amounts Bottom Line Percentages  Occupation 1sT 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH  Business Support Analyst \$21.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | hs)             |  |  |
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| Business Support Analyst  \$21.00 \$ \$ \$ \$ \$ \$ \$ \$  Fringe Benefits (\$ or %)  The Sponsor / Program Coordinator certifies and assures that it will utilize qualified training personnel in the delivery of the related instruction subject matter experts (e.g., journeyworkers) who are recognized within an industry as having expertise in a specific occupation, and who alteraining in teaching techniques and adult learning styles, which may occur before or after the apprenticeship instructor has started to provide related technical instruction. Further, the Sponsor / Program Coordinator certifies the information above is true and correct. |                 |  |  |
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| 09/14/20   | so have<br>the  |  |  |
| Date Signature of Sponsor / Program Coordinator  |                 |  |  |

DO NOT WRITE BELOW THIS LINE

| Received By: |                               |      |
|--------------|-------------------------------|------|
| •            | State Apprenticeship Director | Date |