WEB REGISTRATION USER GUIDE for APPRENTICE AGREEMENTS (IACA)

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REQUIREMENTS IN ENTERING AGREEMENTS

1. New or Re-instatement of Apprentice Agreements must be processed within thirty (30) days from the apprentice's execution date (CCR Sec. 206 (a (2)).

2. To generate the completion certificate, the apprentice must have at least six (6) months in the program (CCR Sec 224 (d(1)).

3. For Modified Apprentice Agreements – The following fields needs to be changed when changing the "Current Status": (See page 12)

   - **Reinstated**
     - Enter the "New Execution Date"

   - **Leave Granted**
     - Enter the "New Status"
     - Enter the new "Status Date"

   - **Reinstated from Leave**
     - Enter the "New Expected Completion Date" to extend the apprentice completion time.
     - Change the "Status Date" with the date the apprentice is reinstated from leave
     - Prior Credit (Optional)

   - **Adding the PRIOR CREDIT**
     - Enter the credit
     - The "New Status" should be the same with the "Current Status"

   - **Cancellation**
     - Change the "Status Date" with the cancellation date

   - **Completion**
     - Change the "Status Date" with the completion date

   - Correcting an input error (typo) except for SSN
     - Update the record.
     - The "New Status" should be the same with the "Current Status"

   - Updating AIF Data for a existing agreement without changing the agreement
     - Update the record
     - The "New Status" should match "Current Status"

   - Correction to SSN, Execution date, cancellation or completion date
   - Contact your DAS Representative

INSTRUCTIONS ON HOW TO REGISTER APPRENTICESHIP AGREEMENTS

WEB REGISTRATION

1. Login to the DAS Web Registration System (Simpligov application) using **GOOGLE CHROME.** To access the login link, authorized user(s) must be registered with DAS. Once registered, the login link will be sent to the user's email that was provided at registration.
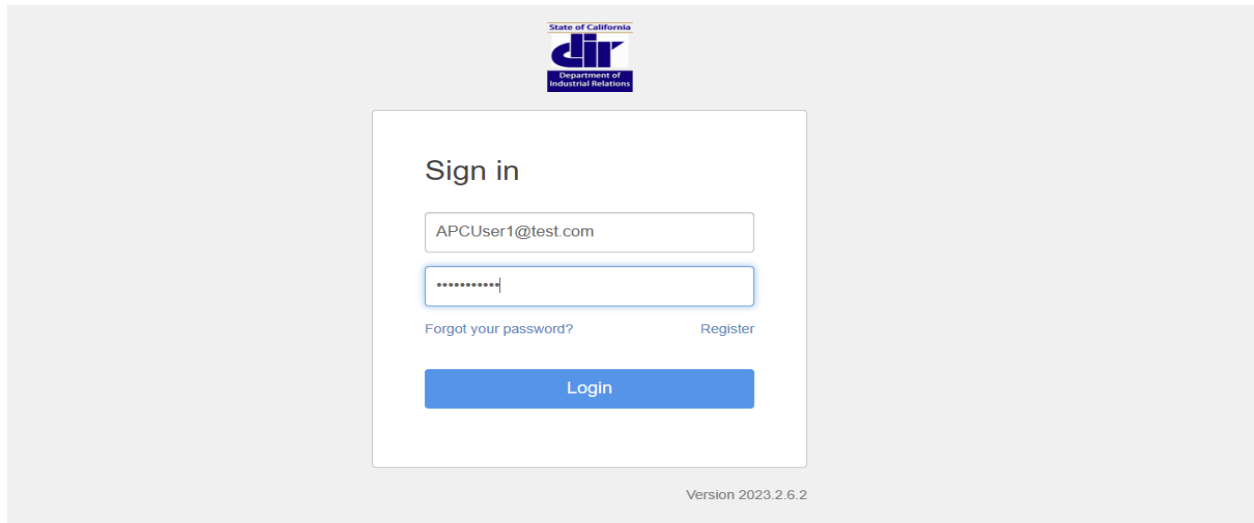
2. **WORKFLOW:** Click on the **New Workflow** button **–** Click **"DAS 1 – Apprentice Agreement"**
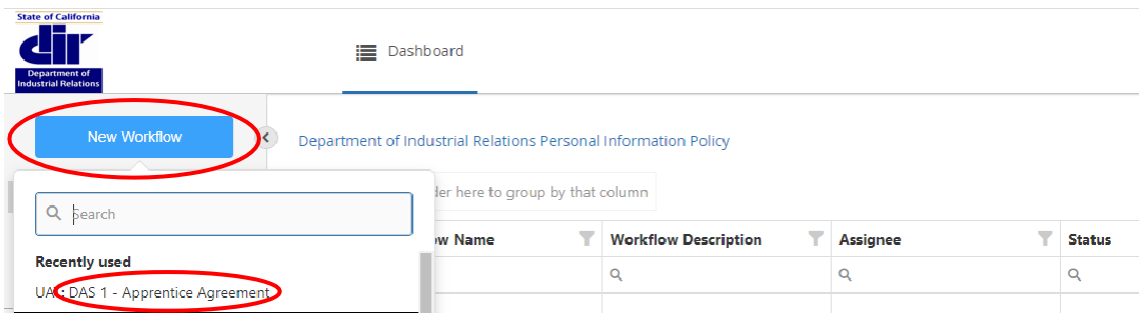
Search/select the workflow and you will be redirected to the workflow page **or** you can also click on the **Apprentice Agreement Dashboard** link to view the default pinned filter.
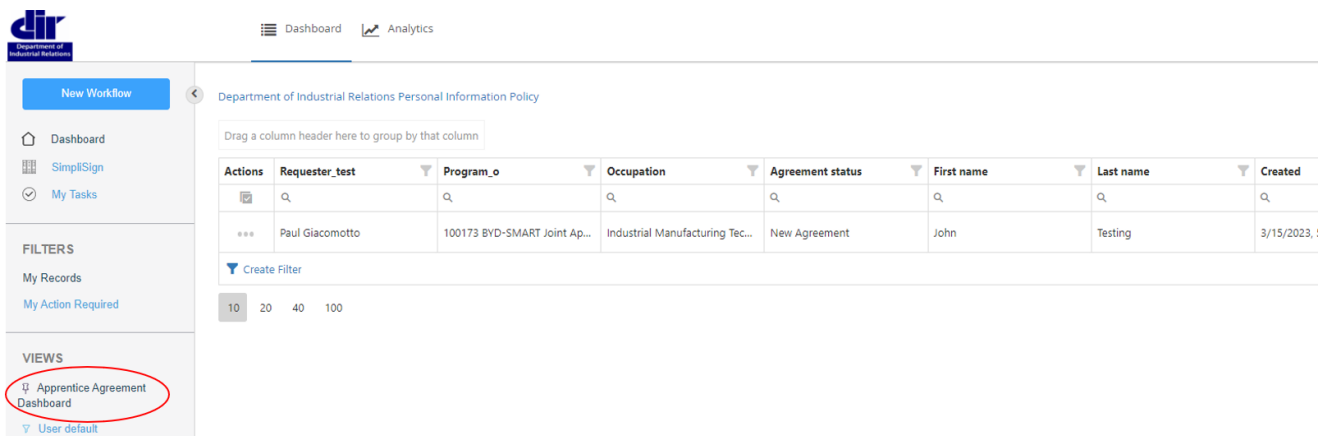
CREATING NEW APPRENTICE AGREEMENTS

1. **APPRENTICE PROGRAM AND OCCUPATION** screen**:** Select the **"Create a new agreement"** button. Select a program and occupation from the drop-down menu. Hit **"Next".**

2. **APPRENTICE SEARCH** screen: You are prompted to do a search, type in the **"Social Security Number"** and the **"Date of Birth"**. Click on the **"Records Found"** box to see search results, when the records found, **click the name** of the apprentice, then hit "**Next**".

   If your search did not return any records, hit **"Next".**

3. **APPRENTICE CONTACT INFORMATION** screen: Note: The **"Social Security Number"**, the **"New SSN Masked"** and the **"Date of Birth"** will automatically populate with the numbers entered from the previous screen.

   Type in the **"Last Name", "First Name"** and the **"Middle Name"** of the apprentice. Select the **"Veteran"** status **"Gender"** preference. Type in **"Gender Identity"** and **"Cal Jobs ID"**, these are optional. Enter the **"Address"** information or use the **"Address Look-up Tool"**. Hit **"Next"**

| Program and Occupation | Contact Search | Contact Information | Apprentice Agreement | Training Firm | Confirmation |

Division of Apprenticeship Standards - **APPRENTICE AGREEMENT**

Apprentice Contact Information

General information

Social Security Number *

123456789

New SSN Masked

***-**-6789

Last Name *

Ben

First Name *

Lee

Middle

Date of Birth mm/dd/yyyy *

09/09/1999

Veteran *
- ○ Yes
- ● No

Gender *
- ○ Male
- ○ Female
- ● Nonbinary

Gender Identity
(Optional)

Gender nonconforming

Cal Jobs ID

2354

Address

Address Look-up Tool
Address selected will populate the address fields below

1515 Clay St, Oakland, CA 94612, USA

Address 1 *

1515 Clay Street

Address 2

City *

Oakland

State *

CA

ZIP Code *

94612

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4. **APPRENTICE AGREEMENT** screen: Note: The hours and months under the **"Terms of Apprenticeship"** section automatically populates based on the terms of the program standards.

On the **"Agreement Information"** section, enter the **"Execution Date"** and the **"Prior Credit".** The **"Expected Completion Date"** will automatically populate.

Instructions for IACA programs please enter the below fields:

RSI Hours – Enter the total Related and Supplemental Instruction (RSI) - educational hours completed exclusively within the reporting period.
RSI Hours Year – Select the year the educational hours were completed from the provided dropdown list.
OJT Hours – Enter On-the-Job Training hours/for competencies programs enter hours worked.
OJT Hours Year – Select On-the-Job Training/competencies completed year from the dropdown list provided.
LEA Details – Select LEA from the drop down provided, LEA ID and LEA Name will be Auto-populated.
Current wage ($) – Enter current wage.
Wage Effective Date - Enter Effective date of the current wage.
Health/Benefits ($) – Enter Hourly Health Benefit amount paid by the employer.
Health/Benefits Effective Date - Effective date when the health benefits started.

In the **"Apprentice Demographics"** section, complete items A-E. List any Workforce Development Programs the apprentice has participated in, if any. Hit **"Next".**

| Program and Occupation | Contact Search | Contact Information | Apprentice Agreement | Training Firm | Confirmation |

Division of Apprenticeship Standards - APPRENTICE AGREEMENT

Apprentice Agreement

Terms of Apprenticeship

Hours within		Months	
4800		48	

RSI Hours		RSI Hours Year	
50		2022	Clear

OJT Hours		OJT Hours Year	
20		2022	Clear

LEA Details

Select a LEA

AMERICAN RIVER COLLEGE   Clear

LEA ID		LEA Name	
1931		AMERICAN RIVER COLLEGE	

Straight Time

Hours per day		Hours per week	
8		40	

Agreement Information

Execution date: *

02/14/2023

Prior Credit Toward Completion: *
(Months)

0

Expected completion date: *

02/14/2027

Current Wage ($)

10

Wage Effective Date

02/01/2022

Health/Benefits ($)

8

Health/Benefits Effective Date

02/01/2022

Apprentice Demographics

A. Ethnic or Race Derivation *

WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples ...

B. Number of Dependents
(Optional)

0 None

C. Highest Year of Education Completed *

8th Grade or Less

D. Number of Years Employed Full Time to Date (Not Including Military Service)
(Optional)

-- Select one --

E. Do you consider yourself disabled?
(Optional)

-- Select one --

F. List any Workforce Development Programs you have participated in:

Program 1

Date Attended 1

mm/dd/yyyy

Program 2

Date Attended 2

mm/dd/yyyy

Program 3

Date Attended 3

mm/dd/yyyy

G. Foster Youth
(Optional)

Former Foster Youth

H. Homeless Status
(Optional)

N/A

I. Sexual Orientation
(Optional)

Asexual

Approved by:

Glen Forman - Administrator of Apprenticeship

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5. **TRAINING FIRM INFORMATION** screen: Select the **"Training Firm"** by typing in the first 3 letters of the training firm (do not use the drop-down menu). Hit the **"Enter"** button from your keyboard. Once you select the training firm, the training firm information will populate on the employer and address fields below. Hit **"Next".**

Program and Occupation	Contact Search	Contact Information	Apprentice Agreement	Training Firm	Confirmation

Division of Apprenticeship Standards - **APPRENTICE AGREEMENT**

Training Firm Information

Training Firm

Select one ▾   Clear

The training firm is not on the list:
- ○ Update the list with all the training firms
- ○ Search again on the training firms related to the occupation

Would you like to create a new training firm?
- ○ Yes
- ● No

NOTE: If the Training Firm is not on the list in the drop-down menu above, click "Yes". Enter new "Employer" name on the "Employer" field.

Name of Employer *

Address 1 *

Address 2

City *

State *

ZIP Code *

Back   Next

6. All the information entered will automatically populate on the **"CONFIRMATION"** screen: Hit **"Submit"**.

| Program and Occupation | Contact Search | Contact Information | Apprentice Agreement | Training Firm | Confirmation |

Division of Apprenticeship Standards - **APPRENTICE AGREEMENT**

Confirmation

Please review that the below information is correct and click "Submit"

Contact Information

Social Security Number:

123456789

Last Name:	First Name:	Middle:
Testing	John	Doe

Date of Birth: mm/dd/yyyy	Veteran	Gender
01/01/2001	No	Nonbinary

Gender Identity	Cal Jobs Id

Address:

180 Promenade Circle

City:	State:	ZIP Code:
Sacramento	CA	95834

Training Firm

Name of Employer:

BYD Coach and Bus, LLC

Address 1 of Employer:	Address 2 of Employer:
46147 BYD Blvd.	

City:	State:	ZIP Code:
Lancaster	CA	93534

Back   Submit

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The **"PREVIEW DOCUMENTS"** window will appear. Hit **"SUBMIT".**
Note: Do not print. An email notification with attachment will be sent out to you.

7. The DAS Agreement Submission notification will display with the assigned ID for this agreement.

Your DAS apprentice agreement has been successfully submitted.

The ID assigned for this agreement is: 527017

Click here to start new workflow

Click this to enter more DAS Agreements

CREATING MODIFIED APPRENTICE AGREEMENTS

1. **APPRENTICE PROGRAM AND OCCUPATION** screen**:** Select the **"Modify an Existing Agreement"** button. ***Note****: An agreement can be modified without changing the status.* Select a program from the drop-down menu. Hit **"Next"**.

Program and Occupation

Division of Apprenticeship Standards - APPRENTICE AGREEMENT

Apprentice Program and Occupation

User ID *

fbuasan@dir.ca.gov

Note: The User ID will automatically populate

Select one: *

○ Create a new agreement
● Modify an existing agreement

Select a program *

select one ▼   Clear

Submit

2. **APPRENTICE SEARCH** screen: You are prompted to do a search, type in the last four digits of the **"Social Security Number"**. Click on the **"Records Found"** box to see search results, then click the name of the apprentice. Hit **"Next"**.

Program and Occupation | Contact Search | Contact Information | Existing Agreement | Training Firm | Confirmation

Division of Apprenticeship Standards - APPRENTICE AGREEMENT

Apprentice Search

To search, type the last four digits of social security number of the apprentice and click the "Records Found" box to see search results

Social Security Number *

123456789

Records Found *
SSN | Last name | First name

***-**-6789 Testing John NEW REGISTRATION Industrial Manufacturing Technician ▼   Clear

Back   Next

3. **APPRENTICE CONTACT INFORMATION** screen: Note: The **"Apprentice Contact Information"** will automatically populate. You can modify the contact information if necessary. Hit **"Next"**

| Program and Occupation | Contact Search | Contact Information | Existing Agreement | Training Firm | Confirmation |

Division of Apprenticeship Standards - **APPRENTICE AGREEMENT**

Apprentice Contact Information

General information

Social Security Number *
123456789

Last Name *
Testing

First Name *
John

Middle
Doe

Date of Birth mm/dd/yyyy *
01/01/2001

Veteran *
○ Yes
● No

Gender *
○ Male
○ Female
● Nonbinary

Gender Identity
(Optional)
-- Select one --

Cal Jobs ID

Address

Address Look-up Tool
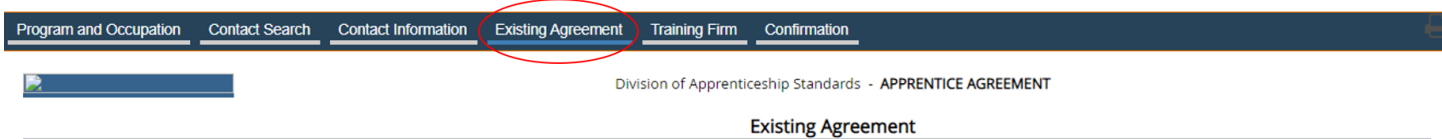Address selected will populate the address fields below
Start typing and select

Address 1 *
180 Promenade Circle

Address 2

City *
Sacramento

State *
CA

ZIP Code *
95834

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4. **EXISTING AGREEMENT** screen:

Instructions for IACA programs please enter the below fields:

RSI Hours – Enter the total Related and Supplemental Instruction (RSI) - educational hours completed exclusively within the reporting period.

RSI Hours Year – Select the year the educational hours were completed from the provided dropdown list.

OJT Hours – Enter On-the-Job Training hours/for competencies programs enter hours worked.

OJT Hours Year – Select On-the-Job Training/competencies completed year from the dropdown list provided.

LEA Details – Select LEA from the drop down provided, LEA ID and LEA Name will be Auto-populated.

Current wage ($) – Enter current wage.

Wage Effective Date - Enter Effective date of the current wage.

Health/Benefits ($) – Enter Hourly Health Benefit amount paid by the employer.

Health/Benefits Effective Date - Effective date when the health benefits started.

Note: *DAS maintains history of all changes made for above data fields except LEA Details.*

On the **"Agreement Information"** section, select a **"New Status"** from the drop-down menu**.** Change the **"Prior Credit"** if necessary. Once the new **"Status Date"** is entered**,** the **"Expected Completion Date"** will automatically populate. Hit **"Next".**

Note: *While updating **AIF data** for an existing agreement without changing the agreement status, **select "New Status" to match "Current Status"***

Agreement Information

Current status

NEW REGISTRATION

New status *

NEW REGISTRATION ▾   Clear

Execution Date: *

01/05/2023

Prior Credit Toward Completion: *
(Months)

0

Expected Completion Date based on Prior Credit:

01/05/2027

Expected Completion Date: *

01/05/2027

Status Date: *

03/07/2023

Current Wage ($)

10.5

Wage Effective Date

01/01/2023

Health/Benefits ($)

8.5

Health/Benefits Effective Date

01/01/2023

5. **TRAINING FIRM INFORMATION** screen: The **"Training Firm Information"** will automatically populate on this screen. To change the **"Training Firm",** type in the first 3 letters of the training firm (do not use the drop-down menu). Hit the "Enter" button from your keyboard**.** Once you select the training firm, the training firm information will populate on the employer and address fields below. Hit **"Next".**

Division of Apprenticeship Standards - **APPRENTICE AGREEMENT**

Training Firm Information

Training Firm

FIRM AGREED TO TRAIN ▾   Clear

The training firm is not on the list:
○ Update the list with all the training firms
○ Search again on the training firms related to the occupation

Would you like to create a new training firm?
○ Yes
● No

Name of Employer *

FIRM AGREED TO TRAIN

Address 1 *

1515 CLAY STREET

Address 2 (optional)

City *
OAKLAND

State *
CA

ZIP Code *
94612

Back   Next

NOTE:
If need to change the Training firm and is not on the list, click "Yes" then enter new "Employer" information on the Employer field.

If the Training firm and address exists and needs to be edited, PLEASE DO NOT EDIT, contact DAS Representative.

6. All the information entered will automatically populate on the **"CONFIRMATION"** screen. Hit **"Submit"**.
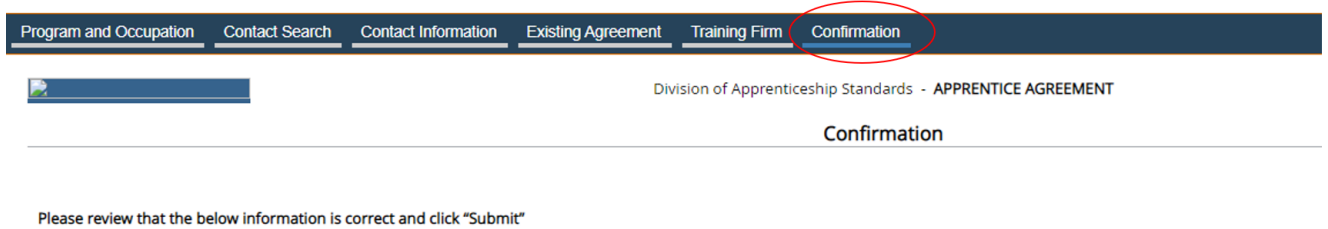
7. The **"PREVIEW DOCUMENTS"** window will appear. Hit **"Submit"**.
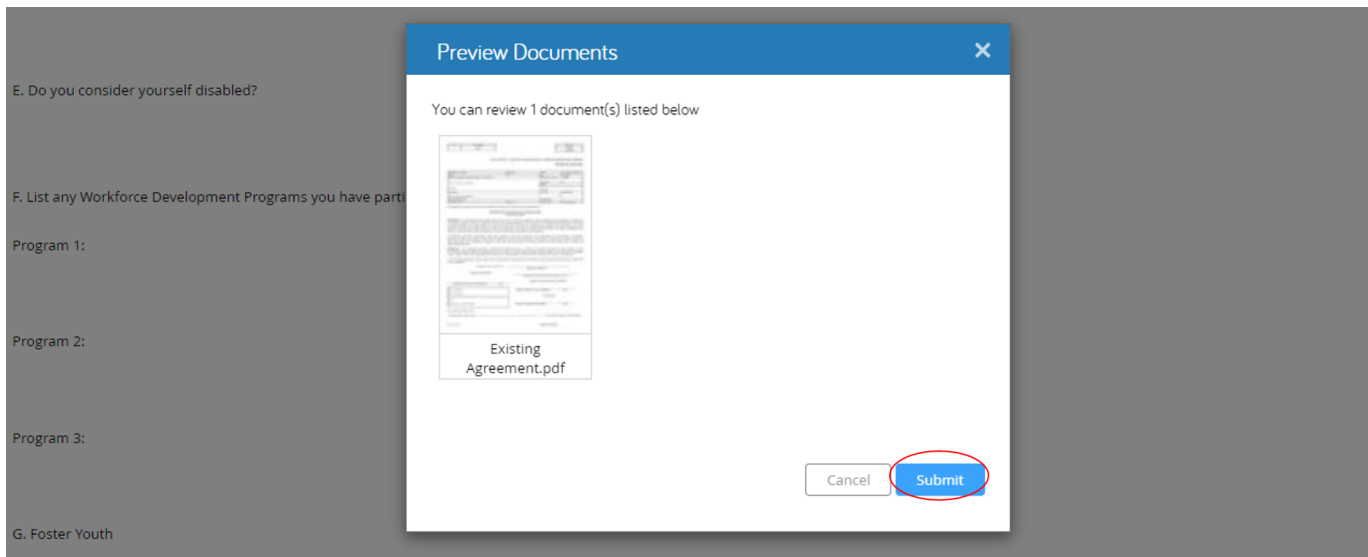
Note: An email notification with attachment will be sent out to you.

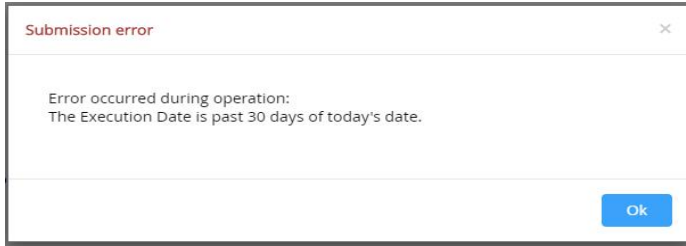8. The DAS Agreement Submission notification with the assigned ID will display.

Your DAS apprentice agreement has been successfully updated.

The ID for this agreement is: **527018**

Click here to start a new workflow

POTENTIAL SUBMISSION ERRORS:

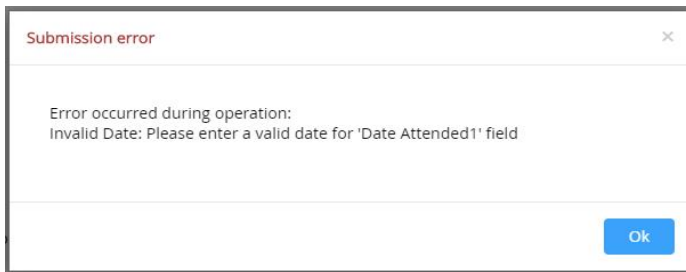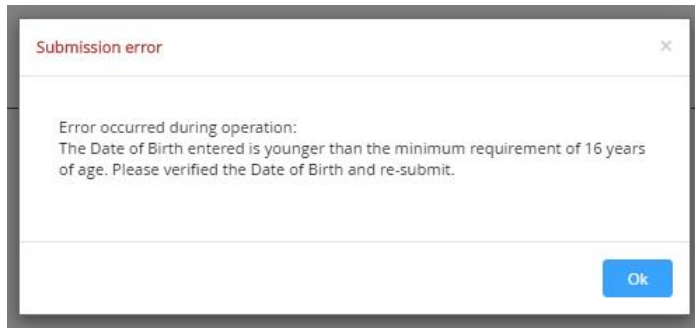- Execution Date (Start Date) is past 30 days of today's date.

Submission error ✕

Error occurred during operation:
The Execution Date is past 30 days of today's date.

Ok

- Invalid Date of Birth

Submission error ✕

Error occurred during operation:
Invalid Date: Please enter a valid date for 'Date of Birth' field

Ok

- Prior Credit is equal to or exceeds training months

Submission error ✕

Error occurred during operation:
The Execution Date is the same as or after the completion date.

Ok

- Invalid date for Work Force Development Programs

Submission error ✕

Error occurred during operation:
Invalid Date: Please enter a valid date for 'Date Attended1' field

Ok

- The Date of Birth entered is younger than the minimum requirement of 16 years of age

OTHER ERRORS:

If the agreement cannot be completed because of errors, **please e-mail the DAS at daswebagr@dir.ca.gov,** or call the DAS Representative assigned to your program.