

2800 WINONA AVENUE  
BURBANK, CA 91504

T 818.847.0040  
F 818.847.0048  
www.csatf.org



**Approved Skills Training for 2010/2011  
Local #40  
Local Provided Training**

**SKILLS TRAINING APPLICATION / COURSE PRE-APPROVAL FORM**

**Eligibility:** In order to attend Skills Training, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at: [www.csatf.org](http://www.csatf.org), Online Roster, General Access. Non-Roster Classification individuals, please see "Special Notes" located on the Reimbursement Acknowledgement Form.

In order to attend CSATTF Skills Training courses, your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. You will receive written notification from CSATTF indicating approval. You are not approved until you have received this notification from CSATTF. All approved applications will have expiration dates. **Training must commence before the expiration date indicated on your notification of approval. NO EXCEPTIONS WILL BE MADE.**

The Skills Training Application consists of the following two (2) forms (both forms **MUST** be completed, signed, and returned as instructed below):

- Course Pre-Approval Form
- Reimbursement Acknowledgement Form

(PLEASE PRINT ALL INFORMATION CLEARLY)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Local/Classification: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Course Name (one course per application): \_\_\_\_\_ Course Number: \_\_\_\_\_

I have read and understood the CSATTF Skills Training Application and reimbursement guidelines (where applicable), and I hereby agree to abide by all of the terms and conditions contained therein.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be notified by email unless the box below is checked.

Please send my notification of approval VIA US Mail

For pre-approval determination please return both forms to CSATTF via email to [Kkemp@csatf.org](mailto:Kkemp@csatf.org), or fax or U.S. Mail.

CSATTF Attn: Skills Training  
2800 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

**FOR OFFICE USE ONLY**

Form I-9 Date: \_\_\_\_\_ Safety: \_\_\_\_\_ Completed by: \_\_\_\_\_

Skills Training Application Expires: \_\_\_\_\_

Application Approved       Application Denied

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Local #40  
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**SKILLS TRAINING APPLICATION/REIMBURSEMENT ACKNOWLEDGEMENT FORM**

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**Skills Training Application consists of two (2) forms (one course per application)**

- **Course Pre-Approval Form**
- **Reimbursement Acknowledgement Form**

**Skills Training Application questions: 818.847.0040 extension 1260.**

Training dates, course content, and scheduling questions please contact Local #40 at 818.762.4239

**Special Notes:**

In order to be pre-approved to attend CSATTF Skills Training Courses, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at [www.csatf.org](http://www.csatf.org), Online Roster, General Access. If your name is not reflected on the Online Roster, please provide proof of at least 30 Union workdays of applicable AMPTP Producer/Local #40 covered employment within the past two years. You must include along with your pre-approval application and employment verification letter showing your exact work dates, job classification and social security number OR copies of supporting paystubs showing actual work time. (sick or vacation time is not eligible) \*\*\*Please Note\*\*\* more than one form of employment verification may be needed for pre-approval. If no verification is submitted your application will be denied.

**Reimbursement Guidelines:**

N/A

**2010/2011 Skills Training courses for Local #40:**

40-01 Photovoltaic

40-02 Programmable Lighting Controllers (PLC's)

40-03 Production Electrician Training

40-04 National Electrical Code

I, \_\_\_\_\_, have read and understood the CSATTF Skills Training  
Print Name

Application, special notes and reimbursement guidelines, and I hereby agree to abide by all of the terms and conditions contained therein.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_