

2800 WINONA AVENUE  
BURBANK, CA 91504

T 818.847.0040  
F 818.847.0048  
www.csatf.org



**Approved Skills Training for 2010/2011  
Local #695  
Vendor 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 three (3) forms (all forms **MUST** be completed, signed, and returned as instructed below):

- Course Pre-Approval Form
- Course Selection 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 all three (3) 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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Course Selection Form**

*(One selection per form, you MUST check one and only one selection)*

<b>Guitar Center Studios (818)883-4427</b>		
<b><u>www.gcstudios.com</u></b>		
<input type="checkbox"/>	Logic Express and Logic Pro	\$ 899.00
<input type="checkbox"/>	PT101 Intro to Pro Tools	\$ 649.00
<input type="checkbox"/>	PT110 Pro Tools Essentials	\$ 899.00
<b>Weynand (818)995-1719</b>		
<b><u>www.weynand.com</u></b>		
<input type="checkbox"/>	Final Cut Pro 7 Level 101 - 3 days	\$ 895.00
<input type="checkbox"/>	Final Cut Pro 7 Level 101 - 4 days	\$ 995.00
<input type="checkbox"/>	Final Cut Pro 7 Level 300	\$ 895.00
<b>Video Symphony (818)557-7200</b>		
<b><u>www.videosymphony.com</u></b>		
<input type="checkbox"/>	099 Macintosh Essentials	\$ 295.00
<input type="checkbox"/>	PT101 Intro to Pro Tools	\$ 795.00
<input type="checkbox"/>	PT110 Pro Tools Essentials	\$ 995.00
<input type="checkbox"/>	PT111 Intro to Pro Tools Plug-ins & Effects	\$ 795.00
<input type="checkbox"/>	PT115 Intro to Audio Engineering Tools & Workflows	\$ 995.00
<input type="checkbox"/>	PT120 Sound Recording Principals & Techniques	\$ 795.00
<input type="checkbox"/>	PT 121 Recording Studio Setups & Operations	\$ 395.00
<input type="checkbox"/>	PT201 Intermediate Pro Tools Production	\$ 995.00
<input type="checkbox"/>	PT210P Pro Tools Production Techniques	\$ 1,045.00
<input type="checkbox"/>	PT219 Strategic Sound Design	\$ 995.00
<input type="checkbox"/>	PT210M Pro Tools Music Production Techniques	\$ 1,045.00
<input type="checkbox"/>	PT212 Vintage Analog Equipment Plugins & Applications	\$ 195.00
<input type="checkbox"/>	PT221 Sound Recording Concepts & Techniques	\$ 795.00
<input type="checkbox"/>	PT280 Voice Over Recording & Production	\$ 895.00
<input type="checkbox"/>	PT310M Advanced Pro Tools for Music	\$ 1,695.00
<input type="checkbox"/>	PT310P Advanced Pro Tools for Post Production	\$ 1,695.00
<input type="checkbox"/>	PT319 Implementing Sound Design	\$ 595.00
<input type="checkbox"/>	PT320 Field & Film Recording	\$ 795.00
<b>Createasphere (818)842-6611</b>		
<b><u>www.createasphere.com</u></b>		
<input type="checkbox"/>	RD101 RedCamera Audio Data Capture	\$ 2,500.00

In order to attend Skills Training courses, your Skills Training Application **MUST** be approved by CSATTF prior to taking the requested course. You are not approved until you have received written verification from CSATTF.

**NO EXCEPTIONS WILL BE MADE**

The Skills Training Application consists of three (3) forms. All forms **MUST** be completed, signed and returned to CSATTF.

1. Course Pre-Approval Form
2. Course Selection Form
3. Reimbursement Acknowledgement Form

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**SKILLS TRAINING APPLICATION/REIMBURSEMENT ACKNOWLEDGEMENT FORM**

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 (please see "Special Notes" below). You may check your standing at: [www.csatf.org](http://www.csatf.org), Online Roster, General Access.

**Skills Training Application consists of three (3) forms (one course per application):**

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

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

Training dates, course content, and scheduling questions please contact the Vendors on the attached list.

**Special Notes:**

In order to be pre-approved to attend CSATTF Skills Training Courses and be eligible for 2/3 reimbursement, 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.

**Reimbursement Guidelines:**

Requests for reimbursement are subject to the "Reimbursement Policies", as set forth on the attached "Reimbursement Guidelines, Policy, and Requests Form". The specific training course must have been approved in advance, by CSATTF. Non-approved courses will not be reimbursed. The entire course must be successfully completed in order to receive reimbursement; non completed or unsuccessfully completed courses will not be reimbursed. One "Request for Reimbursement Form" is required per course. "Request for Reimbursement Form" must be completed and submitted with supporting documentation within 45 days after course completion in order to be eligible for reimbursement.

**2010/2011 Skills Training courses for Local #695:**

See attached list of approved classes and vendors. Only approved classes on the attached list qualify for reimbursement.

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:** \_\_\_\_\_

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**Reimbursement Guidelines, Policy, and Requests Form**

**Reimbursement Guidelines:**

- The specific training course must have been approved in advance, by CSATTF. Non-approved courses will **not** be reimbursed
- The entire course must be successfully completed in order to receive reimbursement; non completed or unsuccessfully completed courses will not be reimbursed
- One "Request for Reimbursement" form per course
- "Request for Reimbursement" form must be completed and submitted with supporting documentation within 45 days after course completion date
- Request for reimbursements are subject to the "Reimbursement Policies," set forth below

**CSATTF Reimbursement Policy:**

This program, which is administered by Contract Services Administration Training Trust Fund (the "Fund") on behalf of your employers, has been created to provide reimbursements to you (or payments to vendors) for certain eligible training expenses that you incur in connection with your employment. This program is an accountable plan as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To ensure that you (or the vendors providing you with training) receive prompt reimbursement for your eligible employment related expenses you must meet several requirements.

You will need to provide the Fund with substantiation or proof that you, in fact, incurred the expenses for which you are receiving reimbursement (or for which the Fund is making payments to vendors). This substantiation must be submitted to the Fund within a reasonable time after the expense is incurred. For example, if you submit your substantiation within 45 days of incurring the expense or of completion of the training, whichever is later, that will be considered to be a reasonable time.

You will also need to return to the Fund any excess reimbursement that is made to you. In other words, if you discover that the Fund has paid you too much as a reimbursement, you must return the excess to the Fund within a reasonable time after you discover this error. If you have any questions, please call the Fund at 818.847.0040, extension 1260 and we will be happy to assist you.

**Request for Reimbursement Form:**

Please submit one completed "Request for Reimbursement" per course and return it with the following items:

- A signed Certificate of Completion issued by the vendor, that includes the course description and vendor's name or submit a letter from the vendor indicating successful course completion.
- Proof of Payment: Either a copy of the applicant's original credit card receipt/credit card statement, or a copy of the front & back of the canceled check. Note: Receipts for cash payments are not eligible for reimbursement.
- A copy of the vendor invoice or a copy of the attendance record.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Local: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

You may submit your "Request for Reimbursement" with documentation via email to [Kkemp@csatf.org](mailto:Kkemp@csatf.org), or fax or U.S. Mail.

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Please allow 2 to 4 weeks for processing of your reimbursement request.

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Reimbursement Approved Date: \_\_\_\_\_ Course Cost: \$ \_\_\_\_\_

Reimbursement Amount (2/3rds): \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Code: \_\_\_\_\_