

2800 WINONA AVENUE
BURBANK, CA 91504

T 818.847.0040
F 818.847.0048
www.csatf.org



**Approved Skills Training for 2010/2011
Local #800
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, 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, 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)

<p align="center">US CAD (877)648-7223 <u>www.uscad.com</u></p>		
<input type="checkbox"/>	Revit Architecture 2010 or 2011 Fundamental	\$ 900.00
<input type="checkbox"/>	Revit Architecture 2010 or 2011 Intermediate	\$ 900.00
<input type="checkbox"/>	Revit Architecture 2010 or 2011 Advanced	\$ 600.00
<input type="checkbox"/>	AUTOCAD 2010 or 2011 Fundamentals	\$1,200.00
<input type="checkbox"/>	AUTOCAD 2010 or 2011 Advanced	\$1,200.00
<input type="checkbox"/>	AUTOCAD 2007-2008 Update to 2010	\$ 300.00
<input type="checkbox"/>	AUTOCAD 2009-2010 or 2010-2011 Update	\$ 600.00
<input type="checkbox"/>	Max3D 2010 or 2011	\$ 900.00

*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, 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 US CAD at 877.648.7223.

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, 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 #800 covered employment within the past two years. You must include along with your pre-approval application an 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:

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 #800:

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, 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: _____