



# ETCP Stipend and Exam Fee

## Reimbursement Policy and Reimbursement Form (for IATSE Local 728)

This form explains how Industry Professionals working under the IATSE Local 728 Agreement may request a \$500 stipend and/or the reimbursement of examination fees associated with the Entertainment Technician Certification Program (ETCP). If you meet the eligibility criteria below, use this form to submit your request.

### Eligibility Criteria

To be eligible for a \$500 stipend or reimbursement of ETCP examination fees, you must meet the following criteria:

1. You must have worked at least 600 hours under the Local 728 Agreement in the calendar year preceding the date on which you obtained your ETCP certification (or recertification). *(For example, if you obtained your certification in 2024, you need to have worked 600 qualifying hours in 2023.)*
2. You must be active on the Industry Experience Roster and compliant with your training requirements at the time you submit your request. *(To check whether you are compliant, visit the Industry Hub (thehub.org) and log into your Portal.)*
3. You must submit your request no later than six (6) months after the date of your (re)/certification.
4. To be eligible for the stipend, you must have obtained your ETCP (re)/certification on or after August 1, 2024.

### Request Form

Step 1. Tell us whether you are requesting the \$500 stipend, reimbursement of exam fees, or both. Check one or both boxes:

ETCP Certification - Stipend

ETCP Certification – Reimbursement of Exam Fees

Step 2. Complete and sign the form below:

| Local/Classification:                    |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| Local: Local 728                         | Job Classification:                   |                                     |
| Personal & Contact Information:          |                                       |                                     |
| First Name:                              | Middle Name:                          |                                     |
| Last Name:                               | Suffix ( <i>Jr., Sr., II, etc.</i> ): | Last 4 of SSN:                      |
| Mailing Address:                         |                                       | Unit # ( <i>Apt., Ste., etc.</i> ): |
| City:                                    | State:                                | ZIP Code:                           |
| Country ( <i>if not United States</i> ): |                                       |                                     |

*This reimbursement program described herein is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To receive reimbursement for eligible employment-related expenses, I understand that I must meet several requirements. I will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to me in the event of any inadvertent overpayment.*

*I have read and understood the stipend and reimbursement policy and terms and conditions described herein. If I am requesting reimbursement of exam fees, I certify that I paid the exam fees for which I am seeking reimbursement, and that I have not been reimbursed from any other source for the reimbursement of exam fees I hereby request.*

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

Form continues on next page →



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### Additional Required Documentation

Step 3. Gather additional required documentation.

In addition to completing and signing the form above, you must include the following documentation with your request:

1. A copy of your ETCP Certificate showing the date the certification was issued.
2. Proof of payment (e.g., a copy of your canceled check from your bank, a copy of your credit card receipt or credit card statement)
3. Proof of 600 hours worked as described in eligibility criteria #1 above. This may be in the form of:
  - a. Paycheck stubs with your name and the production you worked on listed on them,
  - b. A work experience verification letter from a payroll company, or
  - c. A Work History Report from the Motion Picture Industry Pension and Health Plans (MPI).

If you have questions about obtaining proof of qualifying work experience, please contact us for assistance.

### How to Submit Your Request

After you complete and sign this form and collect the required documentation listed above, you may submit your request to Contract Services in several ways:

1. Using your Portal: visit the Industry Hub ([thehub.org](http://thehub.org)) to log into your Portal. Use the "Contact Us" tool to submit your request and upload your documents.
2. By email to [roster@csatf.org](mailto:roster@csatf.org).
3. By mail to 2710 Winona Avenue Burbank, CA 91504.
4. In person by visiting our offices during business hours.
5. By fax to (818) 565-0535.

Remember: your request and all required materials must be submitted no later than 6 months from the date of your ETCP certification (or recertification). If you have questions or require assistance, please contact us.