



# 2024/2025 Unrestricted Enrollment Training Skills Training Application

### Eligibility:

Your Skills Training Application **must** be approved by Contract Services **prior** to taking the requested course. You will receive written notification, via email, from Contract Services indicating approval or denial. Approved applications will have expiration dates. **Training must begin on or before the expiration date indicated on your notification of approval.** Please note that Contract Services' facilitation of skills training is not intended to expand, limit or in any way affect the scope of work covered by any collective bargaining agreement.

### Guidelines for 100% Reimbursement of Course Cost:

Reimbursement is subject to the Reimbursement Policy, as set forth on the "Reimbursement Policy and Request Form." The course must have been pre-approved by Contract Services and must be successfully completed to be eligible for reimbursement. Receipts for cash payments are not eligible for reimbursement. The reimbursement request form must be completed and submitted to Contract Services with supporting documentation within 45 days after the course completion date.

**All forms must be completed, signed, and returned as instructed below. Submit one application packet for each requested course. No more than 6 applications can be active at any given time. Please allow 1-2 weeks for processing.**

Print all information completely and legibly. Personal information will be updated accordingly.

Name: \_\_\_\_\_ Last four digits of SSN\*: \_\_\_\_\_

\*First time applicants must provide full SSN

Local Union: \_\_\_\_\_ Job Title/Classification: \_\_\_\_\_

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

Cell #: ( ) - - Home #: ( ) - - Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

(Please write course name exactly as it appears on the Course Reference List)

**I have read, understood, and agree to all the terms and conditions listed above:**

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

**Please email this form to Contract Services to: [SkillsTraining@csatf.org](mailto:SkillsTraining@csatf.org)**

If you have any questions about this form, or how to submit it, please contact us at 818.565.0550 ext. 1260

## For Office Use Only

Completed by: \_\_\_\_\_ Skills Training Application Expires: \_\_\_\_\_

Approved  Denied



# 2024/2025 Unrestricted Enrollment Reimbursement Policy and Request Form

In order to be reimbursed, you must provide Contract Services with sufficient documentation to substantiate that you are eligible for reimbursement and that you incurred the expense for which you are seeking reimbursement.

This program, which is administered by Contract Services 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 there under. To receive reimbursement for your eligible employment related expenses (or for the vendors providing you with training), you must meet several requirements. You will be required to return to Contract Services within a reasonable time after you discover the error, any excess reimbursement that is made to you in the event of any inadvertent overpayment.

- 100% Reimbursement of course cost may be reimbursed if all conditions are met.
- Both your application and the course must have been pre-approved by Contract Services.
- The entire course must be successfully completed. Incomplete/unsuccessfully completed courses will not be reimbursed.
- One "Reimbursement Policy and Request Form" must be submitted for each course.
- Reimbursement requests must be completed and submitted with supporting documentation within forty-five (45) days after course completion date.
- Receipts for cash payments are not eligible for reimbursement.

Submit one signed form per course and return it with the following items:

1. Certificate of Completion issued by the vendor that includes the course description and vendor's name or a letter from the vendor indicating successful course completion.
2. Proof of Payment: Copy of your credit card receipt/credit card statement (must include account owner's name) with the transaction line item reflecting the charges, or the front and back of canceled check and additional information if requested.
3. Copy of the vendor invoice or a copy of the course attendance record.

Please allow 2-4 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly.

Name: \_\_\_\_\_ Last four digits of SSN\*: \_\_\_\_\_

\*First time applicants must provide full SSN

Local Union: \_\_\_\_\_ Job Title/Classification: \_\_\_\_\_

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

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

(Please write course name exactly as it appears on the Course Reference List)

I have read, understood, and agree to all the terms and conditions listed above:

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

Please email this form to Contract Services to: [SkillsTraining@csatf.org](mailto:SkillsTraining@csatf.org)

If you have any questions about this form, or how to submit it, please contact us at 818.565.0550 ext. 1260

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

Reimbursement Amount (100%): \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Code: \_\_\_\_\_