

2800 WINONA AVENUE
BURBANK, CA 91504



T 818.847.0040
F 818.847.0048
www.csatf.org

Approved Skills Training for 2014/2015
Multi Local #44, 399C, 600, 695, 705, 706, 728, 729,
755, 800, 839, 871 & 892 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, left navigation under Online Roster, click on 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, via e-mail, from CSATTF indicating approval or denial. You are not eligible until you have received pre-approval 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 (one application packet per course) consists of the following three (3) forms:

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

All forms **MUST** be completed, signed, and returned as instructed below. Please allow 1-2 weeks for processing.

(PLEASE PRINT ALL INFORMATION CLEARLY)

Name: _____ SSN: _____ Local/Classification: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ E-mail Address: _____

Course Name (one application packet per course): _____ Course #: _____

At the completion of the Skills Training course, you will be asked to complete an anonymous electronic survey of your experience in the program. We request that you complete the survey and appreciate your cooperation.

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: _____

For pre-approval determination, please return all forms to CSATTF via e-mail 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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SKILLS TRAINING APPLICATION/REIMBURSEMENT ACKNOWLEDGEMENT FORM

In order to attend Skills Training, you must be in good standing, showing on Online Roster for the appropriate participating local union and classification (please see "Special Notes" below). You may check your standing at: www.csatf.org, left navigation under Online Roster, click on General Access.

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

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

Skills Training Application questions: 818.847.0040 extension 1260.

For training dates, course content and scheduling questions, please contact the vendors on the attached list.

Special Notes:

Industry Experience Roster (IER) Classification for Local #44, 399C, 600, 695, 705, 706, 728, 729, 800, & 871: To be eligible for pre-approval and 2/3 reimbursement from CSATTF, 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, left navigation under Online Roster, click on General Access.

Non IER Classifications for Local #399C, 600, 695, 755, 800, 839 & 892: To be eligible for pre-approval and 2/3 reimbursement from CSATTF, 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, left navigation under Online Roster, click on 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/IATSE Basic Agreement or AMPTP Producer/ Local #399C, 755 or IATSE Local #600, 695, 800, 839 or 892 covered employment within the past two years. You must include, along with your pre-approval application, an employment verification letter from a payroll company or an employer showing your exact work dates, job classification and social security number OR copies of supporting pay stubs 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. Your application will be denied if no employment verification is submitted.

Reimbursement Guidelines:

Request for reimbursements are subject to the "Reimbursement Policy", 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. Incomplete or unsuccessfully completed courses will not be reimbursed. One "Request for Reimbursement Form" is required per course. The "Request for Reimbursement Form" must be completed and submitted with supporting documentation within 45 days after the course completion date in order to be eligible for reimbursement.

2014/2015 Skills Training courses for Local #44, 399C, 600, 695, 705, 706, 728, 729, 755, 800, 839, 871 & 892:

See the attached list(s) of approved classes and vendors that qualify for reimbursement.

I, _____, have read and understood the CSATTF Skills Training Application,
Print Name

Special Notes and Reimbursement Guidelines, and I hereby agree to abide by all of the terms and conditions contained therein.

Signature of Applicant: _____ **Date:** _____

**Contract Services Administration Training Trust Fund ("CSATTF") 2014/2015 Approved Skills Training -
Multi Local #44, 399C, 600, 695, 705, 706, 728, 729, 755, 800, 839, 871, & 892**

Course Selection Form (One selection per form, you MUST check one and only one selection)

Microdesk (800)336-3375 www.microdesk.com

MD_DIR01	Adobe Director Essentials	\$ 1,245.00	MD_ZBR01	ZBrush Essentials	\$ 1,045.00
MD_DIR02	Adobe Director Intermediate	\$ 1,045.00	MD_ZBR02	ZBrush Intermediate	\$ 1,045.00
MD_PRM01	Adobe Premiere Essentials	\$ 1,245.00	MD_ACADP	Autodesk AutoCAD Certification Preparation	\$ 300.00
MD_PRM02	Adobe Premiere Intermediate	\$ 1,045.00	MD_34SP	Autodesk 3D Studio Max Certification Preparation	\$ 300.00
MD_MYA01	Maya Essentials	\$ 1,245.00	MD_MYAP	Autodesk Maya Certification Preparation	\$ 300.00
MD_MYA02	Maya Intermediate	\$ 1,245.00	MD_PMRP	Adobe Premiere Certification Preparation	\$ 300.00
MD_MOD01	Modo Essentials	\$ 1,245.00	MD_ACADT	Autodesk AutoCAD Certification Test	\$ 500.00
MD_MOD2	Modo Intermediate	\$ 1,045.00	MD_3DST	Autodesk 3D Studio Max Certification Test	\$ 500.00
MD_MUD01	Mudbox Essentials - 101	\$ 1,245.00	MD_MYAT	Autodesk Maya Certification Test	\$ 500.00
MD_MUD02	Mudbox Essentials - 201	\$ 1,045.00	MD_PSP01	Adobe Photoshop Essentials	\$ 1,245.00
MD_RHI01	Rhino Essentials	\$ 1,245.00	MD_PSP02	Adobe Photoshop Intermediate	\$ 1,045.00
MD_RHI02	Rhino Intermediate	\$ 1,045.00	MD_PSPP	Adobe Photoshop Certification Preparation	\$ 300.00
MD_SKU01	SketchUp Pro - 101	\$ 845.00	MD_PSPT	Adobe Photoshop Certification Test	\$ 500.00
MD_SKU02	SketchUp Pro 201	\$ 845.00	MD_PMRT	Adobe Premiere Certification Test	\$ 500.00
MD_SKU03	SketchUp Pro 301	\$ 845.00			

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

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

Please allow 1-2 weeks for processing.

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, via email, from CSATTF.

NO EXCEPTIONS WILL BE MADE

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REIMBURSEMENT GUIDELINES, POLICY, AND REQUESTS FORM

Reimbursement Guidelines:

- The specific training course must have been pre-approved in advance, by CSATTF. Non-approved courses will **not** be reimbursed.
- The entire course must be successfully completed in order to receive reimbursement; incomplete or unsuccessfully completed courses will not be reimbursed.
- Complete one "Request for Reimbursement Form" per course.
- The "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 Policy," 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 there under. 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 allow 2 to 4 weeks for processing your reimbursement request.*

Please submit one completed "**Request for Reimbursement Form**" 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, a copy of the front & back of the canceled check or additional information if requested. 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: _____

Contact Number: _____ E-mail Address: _____

You may submit your "Request for Reimbursement Form" with documentation via e-mail to Kkemp@csatf.org, or fax or U.S. Mail.

CSATTF Attn: Skills Training
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Reimbursement Approved Date: _____ Course Cost: \$ _____

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