

2800 WINONA AVENUE  
BURBANK, CA 91504

T 818.847.0040  
F 818.847.0048  
www.csatf.org



**Approved Skills Training for 2015/2016**  
**Local #839**  
**Local 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), 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 two (2) forms:

- Course Pre-Approval Form
- Reimbursement Acknowledgement Form

Both 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 both forms to CSATTF via e-mail to [Kcruz@csatf.org](mailto:Kcruz@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

2800 WINONA AVENUE  
BURBANK, CA 91504

T 818.847.0040  
F 818.847.0048  
www.csatf.org



**Approved Skills Training for 2015/2016**  
**Local #839**  
**Local Provided Training**

**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), left navigation under Online Roster, click on General Access.

**The Skills Training Application (one application packet per course) consists of two (2) forms:**

- Course Pre-Approval Form
- Reimbursement Acknowledgement Form

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

For training dates, course content and scheduling questions, please contact Local #839 at 818.845.7500.

**Special Notes:**

**Non Industry Experience Roster (IER) Classifications for Local #839:** Please provide proof of at least 30 Union workdays of applicable IATSE Local #839 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:**

N/A

**2015/2016 Skills Training courses for Local #839:**

01 ToonBoom Storyboard Pro Intro	07 ToonBoom Harmony Intermediate	13 Nuke 3
02 ToonBoom Storyboard Pro Foundation	08 ToonBoom Harmony Advanced	14 Photoshop for Storyboarding
03 ToonBoom Storyboard Pro Intermediate	09 Modo 1	15 Houdini 1
04 ToonBoom Storyboard Pro Advanced	10 Modo 2	16 Houdini 2
05 ToonBoom Harmony Introduction	11 Nuke 1	17 Houdini for Animation
06 ToonBoom Harmony Fundamentals	12 Nuke 2	

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