

2800 WINONA AVENUE
BURBANK, CA 91504



T 818.847.0040
F 818.847.0048
www.csatf.org

Approved Skills Training for 2012/2013
Local #695
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, 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 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 course per application): _____ Course Number: _____

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

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

- 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 #695 at 818.985.9204.

Special Notes:

In order to be pre-approved to attend CSATTF Skills Training Courses, 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.

Reimbursement Guidelines:

N/A

2012/2013 Skills Training courses for Local #695:

- 695-01 Digital Audio
- 695-02 Digital Video
- 695-03 Digital Audio Playback on Production
- 695-04 Digital Video Playback on Production
- 695-05 Wireless Audio & Video
- 695-06 Digital Cinema
- 695-07 Cable Clinic: Construction & Field Repair

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:** _____