

2800 WINONA AVENUE
BURBANK, CA 91504

T 818.847.0040
F 818.847.0048
www.csatf.org



**Approved Skills Training for 2012/2013
Local #839
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 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 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 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 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 three (3) forms (one course per application):

- 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 Animation Mentor at 510.450.7232.

Special Notes:

In order to be pre-approved to attend CSATTF Skills Training Courses and be eligible for 2/3 reimbursement, 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 IATSE Local #839 covered employment within the past two years. You must include, along with your pre-approval application, an employment verification letter showing your exact work dates, job classification and social security number OR copies of supporting paystubs 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:

Requests for reimbursement 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 course completion date in order to be eligible for reimbursement.

2012/2013 Skills Training courses for Local #839:

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:** _____

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

Animation Mentor (877)326-4628 www.animationmentor.com		
<input type="checkbox"/>	Basic Foundations	\$3,300.50*
<input type="checkbox"/>	Psychology of Body Mechanics	\$3,225.50*
<input type="checkbox"/>	Advanced Body Mechanics	\$3,225.50*
<input type="checkbox"/>	Introduction to Acting	\$3,225.50*
<input type="checkbox"/>	Advanced Acting	\$3,225.50*
<input type="checkbox"/>	Introduction to Animals & Creatures	\$3,300.00*
<input type="checkbox"/>	Advanced Creature Production	\$3,300.00*
<input type="checkbox"/>	Polishing & Portfolio	\$3,225.50*
<input type="checkbox"/>	Short Film Pre-Production	\$2,205.00*
<input type="checkbox"/>	Short Film Production	\$2,205.00*

*In order to attend Skills Training courses, your Skills Training Application **MUST** be pre-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

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

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

*Approved Tuition Cost.

As stated in the "Reimbursement Guidelines, Policy and Request Form", upon receipt of proper documentation CSATTF will **ONLY** reimburse up to 2/3 of the agreed upon tuition cost paid by the applicant; **ALL** other fees are the responsibility of the applicant.

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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.

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Reimbursement Approved Date: _____ **Course Cost:** \$ _____

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