



Local #44 Licenses Reimbursement Policy and Request Form

In accordance with Paragraph 88 of the collective bargaining agreement between the AMPTP and Affiliated Property Craftspersons Local #44 ("Agreement"), a "designated regular employee" is eligible for reimbursement of fees for a city, county or state license, or a federal license pursuant to the Safe Explosives Act of 2002, provided that such license is necessary for the employee to operate or handle materials or equipment used in the course of his/her employment, as required by a producer. A "designated regular employee" is defined as an individual who has been employed under the Agreement for at least twenty (20) days in the Special Effects department (Occ. Codes 7310, 7311, 7313, 7315 or 7317), of which at least ten (10) days must be in either the Licensed Powder Man classification (Occ. Code 7315) or Assistant Licensed Powder Man classification (Occ. Code 7317), within a period of twelve (12) consecutive months immediately preceding the date of the reimbursement request.

In order to be reimbursed, you must provide Contract Services with sufficient documentation to substantiate that you are a "designated regular employee" and that you have incurred the fee for which you are seeking reimbursement. Such documentation must be submitted to Contract Services within three-hundred and sixty-five (365) days of the fee payment.

Please submit this completed form along with the following items:

1. Copy of license(s) (front and back)
2. Copy of receipt(s), invoice(s) and/or renewal statements reflecting fee(s)
3. Proof of payment (copy of your credit card receipt, credit card statement, or the front and back of canceled check)
4. Proof of at least twenty (20) days worked, as described above, in the form of either:
 - paycheck stubs indicating days worked in the applicable classifications, or
 - a letter from an employer signatory to the Agreement attesting to the number of days worked in the applicable classifications, and the name(s) of the production(s) on which the work was performed

This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To receive reimbursement for your eligible employment-related expenses, you must meet several requirements. You will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Local/Classification:		
Local #44	Job Classification:	
Personal & Contact Information:		
First Name:		Middle Name:
Last Name:		Suffix (<i>Jr., Sr., II, etc.</i>):
Mailing Address:		Unit # (<i>Apt., Ste., etc.</i>):
City:	State:	ZIP Code:
Country (<i>if not United States</i>):		
Cell Phone:		Home Phone:
Email Address:		

I have read and understood the reimbursement policy and hereby agree to abide by all the terms and conditions contained therein.

Signature: _____ **Date:** _____

You may submit your request for reimbursement with documentation in person, by mail, fax or email to roster@csatf.org. Please allow 4-6 weeks for processing your reimbursement request.

Contract Services — Attention: Reimbursements

2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.565.0550 ext. 2120
Fax Number: 818.565.0535

Staff (for office use only):				
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	Receipt Amount: \$	Reimbursement Amount: \$	Code:
Approved By <i>(Initials & Date):</i>		Supervisor <i>(Initials & Date):</i>	Director <i>(Initials & Date):</i>	



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