2710 WINONA AVENUE BURBANK, CA 91504

2019/2020 Vendor Provided Training Skills Training Application



T 818.847.0040 F 818.847.0048 www.csatf.org

This application packet consists of the following three (3) forms:

• Skills Training Application

Skills Training Application Expires:_____

- Course Selection Form
- Reimbursement Policy and Request Form (submit after course has been completed)

Eligibility:

- For Roster classifications, you must be active on the Roster for the applicable Local and classification, with an unexpired Form I-9 and be in compliance with Safety Pass training requirements. You may check your status at: www.csatf.org, left navigation under Online Roster, click on General Access.
- For Non Roster classifications, you must be reflected on the Online Roster in the applicable Local and classifications and be in compliance with Safety Pass training requirements. If your name is not reflected on the Online Roster, you must provide proof of at least 30 workdays, of applicable and signatory employment within the past two years, in the form of either an employment verification letter from a payroll company or employer with exact work dates, Local number, job classification, and Social Security number or copies of pay stubs with actual work hours/dates (sick, vacation, holiday and travel time are not eligible), Local number or code, and job classification. More than one form of employment verification may be needed.

Your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. You will receive written notification, via email, from CSATTF indicating approval or denial. Approved applications will have expiration dates. **Training must begin on or before the expiration date indicated on your notification of approval.**

Guidelines for Reimbursement of 2/3 of Course Cost:

Reimbursement is subject to the Reimbursement Policy, as set forth on the "Reimbursement Policy and Request Form." The course must have been pre-approved by CSATTF and must be successfully completed to be eligible for reimbursement. Receipts for cash payments are not eligible for reimbursement. The reimbursement request form must be completed and submitted to CSATTF with supporting documentation within 45 days after the course completion date.

All forms must be completed, signed, and returned as instructed below. Submit one application packet for each requested course. No more than 6 applications can be active at any given time. Please allow 1-2 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly. _____Last four digits of SSN*:_____*First time applicants must provide full SSN Name:___ Local:_____Classification:____ Address: State: Zip Code: Cell #: □ () - Home #: □ () -Email: 🔲 Course #: Course Name: (Please write course name exactly as it appears on the Course Selection Form) Start date if known:_____ I have read, understood and agreed to all the terms and conditions listed above: Date:_ Applicant Signature: Return all forms to CSATTF via email to skillstraining@csatf.org, in person, by fax or mail. **CSATTF Attn: Skills Training** Phone Number: 818.847.0040 extension 1260 2710 Winona Avenue Fax Number: 818.847.0048 Burbank, CA 91504 For Office Use Only Safety Pass Compliant: Form I-9 Exp. Date:____ Completed by:

Contract Services Administration Training Trust Fund ("CSATTF") 2019/2020 Approved Skills Training - Studio Electrical Lighting Technicians Local #728

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

	Elec	tro	<mark>nic Thea</mark>	ter	Controls (ET	C)	
1	Basic Console Training ION	\$	99.00		9	Basic Console Training EOS	\$ 99.00
2	Intermediate Console Training ION	\$	99.00		10	Intermediate Console Training EOS	\$ 99.00
3	Advanced Console ION	\$	99.00		11	Advanced Console EOS	\$ 99.00
4	ION Console: Expert Topics	\$	99.00		12	EOS Console: Expert Topics	\$ 99.00
5	Basic Console Training GIO	\$	99.00		13	Whole Hog Console Basic Training	\$ 499.00
6	Intermediate Console Training GIO	\$	99.00		14	Whole Hog Console Intermediate Training	\$ 499.00
7	Advanced Console GIO	\$	99.00		15	Whole Hog Console Advanced Training	\$ 499.00
8	GIO Console: Expert Topics	\$	99.00		16	Level 5: Augment 3D Console Training EOS	\$ 99.00
			ACT	Ligh	iting		
1	Intro to grandMA	\$	300.00		3	grandMA 3	\$ 600.00
2	grandMA 2	\$	600.00				
			Co	olu	ıx		
1	Pandora's Box Media Server Basic	\$	900.00		2	Pandora's Box Media Server Advanced	\$ 900.00
	E	lati	on Profe	ssic	onal (Onyx)		
1	Onyx - Obsidian Control System Basic	\$	425.00		2	Onyx - Obsidian Control System Advanced	\$ 645.00
			LA Scu	ba I	Diving		
1	Dive Skills for Lighting Technicians	\$	650.00		2	Advanced Techniques and Monkey Diving	\$ 650.00
			Ski	llwi	re		
			Skillwire	(Cla	ssroom)		
VW100	Complete Intro to Vectorworks	\$	1,200.00		PS100	Complete Intro to Photoshop	\$ 1,200.00

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

Skillwire (cont'd)									
Skillwire (Classroom)									
	VW101	Vectorworks Essentials 1	\$ 300.00		PS101	Photoshop Essentials 1	\$	300.00	
	VW102	Vectorworks Essentials 2	\$ 300.00		PS102	Photoshop Essentials 2	\$	300.00	
П	VW103	Vectorworks Essentials 3	\$ 300.00		PS103	Photoshop Essentials 3	\$	300.00	
	VW104	Vectorworks Essentials 4	\$ 300.00		PS104	Photoshop Essentials 4	\$	300.00	
	VW200	Vectorworks for Film, TV, Stage & Entertainment	\$ 1,500.00		PS301	Photoshop Advanced Workshop	\$	900.00	
	VW301	Vectorworks Advanced Workshop	\$ 900.00		IL100	Complete Intro to Illustrator	\$	1,200.00	
	SU100	Complete Intro to SketchUp	\$ 1,200.00		IL101	Illustrator Essentials 1	\$	300.00	
П	SU101	SketchUp Essentials 1	\$ 300.00		IL102	Illustrator Essentials 2	\$	300.00	
	SU102	SketchUp Essentials 2	\$ 300.00		IL103	Illustrator Essentials 3	\$	300.00	
П	SU103	SketchUp Essentials 3	\$ 300.00		IL104	Illustrator Essentials 4	\$	300.00	
П	SU104	SketchUp Essentials 4	\$ 300.00						
			Skillwi	re (C	Online)				
	SU100	Complete Intro to SketchUp	\$ 1,200.00		IL101	Illustrator Essentials 1	\$	300.00	
	SU101	SketchUp Essentials 1	\$ 300.00		IL102	Illustrator Essentials 2	\$	300.00	
	SU102	SketchUp Essentials 2	\$ 300.00		IL103	Illustrator Essentials 3	\$	300.00	
	SU103	SketchUp Essentials 3	\$ 300.00		IL104	Illustrator Essentials 4	\$	300.00	
\prod	SU104	SketchUp Essentials 4	\$ 300.00		IL301	Illustrator Advanced Workshop	\$	900.00	
	PS100	Complete Intro to Photoshop	\$ 1,200.00		VW100	Complete Intro to Vectorworks	\$	1,200.00	

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

			Skillwir	e (c	ont'd)		
			Skillwir	e (O	nline)		
PS101	Photoshop Essentials 1	\$	300.00		VW101	Vectorworks Essentials 1	\$ 300.00
PS102	Photoshop Essentials 2	\$	300.00		VW102	Vectorworks Essentials 2	\$ 300.00
PS103	Photoshop Essentials 3	\$	300.00		VW103	Vectorworks Essentials 3	\$ 300.00
PS104	Photoshop Essentials 4	\$	300.00		VW104	Vectorworks Essentials 4	\$ 300.00
PS301	Photoshop Advanced Workshop	\$	900.00		VW200	Vectorworks for Film, TV, Stage & Entertainment	\$ 1,500.00
IL100	Complete Intro to Illustrator	\$ 1,	,200.00		VW301	Vectorworks Advanced Workshop	\$ 900.00
			Tan	gak	oly		
1	Vectorworks Spotlight Fundamentals	\$	600.00		3	Adv. Asset Mgmt - 3D & Symbols	\$ 600.00
2	Adv. Rendering and Pre-Vis	\$	600.00				
·					·		

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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2019/2020



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Vendor Provided Training Reimbursement Policy and Request Form

In order to be reimbursed, you must provide Contract Services Administration Training Trust Fund (CSATTF) with sufficient documentation to substantiate that you are eligible for reimbursement and that you incurred the expense for which you are seeking reimbursement.

This program, which is administered by CSATTF 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 receive reimbursement for your eligible employment related expenses (or for the vendors providing you with training), you must meet several requirements. You will be required to return to CSATTF within a reasonable time after you discover the error, any excess reimbursement that is made to you in the event of any inadvertent overpayment.

- Reimbursement of 2/3 of course cost may be reimbursed if all conditions are met.
- Both your application and the course must have been pre-approved by CSATTF.
- The entire course must be successfully completed. Incomplete/unsuccessfully completed courses will **not** be reimbursed.
- One "Reimbursement Policy and Request Form" must be submitted for each course.
- Reimbursement requests must be completed and submitted with supporting documentation within forty-five (45) days after course completion date.
- Receipts for cash payments are **not** eligible for reimbursement.

Submit one signed form per course and return it with the following items:

- 1. Certificate of Completion issued by the vendor that includes the course description and vendor's name **or** a letter from the vendor indicating successful course completion.
- 2. Proof of Payment: Copy of your credit card receipt/credit card statement with the transaction line item reflecting the charges, or the front and back of canceled check and additional information if requested.
- 3. Copy of the vendor invoice **or** a copy of the course attendance record.

Please allow 2-4 weeks for processing.

Print all information completely	y and legibly. Personal information will be upo	dated accordingly.	
Name:		Last four digits of SSI	N:
Local:	Classification:		
	City:		Zip Code:
None Cell #: ☐ () -	None Home #: □ () -	None Email:_□	
Vendor Name:	Course Name:	Da	te Completed:
I have read, understood and	agree to all the terms and conditions liste	ed above:	
Signature:		Date:	
	orting documentation via email to skills	straining@csatf.org in	nerson by fay or mail

CSATTF Attn: Skills Training

Phone Number: 818.847.0040 extension 1260

2710 Winona Avenue Fax Number: 818.847.0048

Burbank, CA 91504

	For Office Use Only	
Approved Date:	Course Cost: \$	
Reimbursement Amount (2/3): \$	Approved by:	Code: