CSATTF

2019/2020
Local Provided Training
Skills Training Application

This application packet consists of the Skills Training Application and the Course Reference List.

Your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. There is no reimbursement for Local Provided Training.

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 classification 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.

For questions regarding training dates, course content and scheduling, please contact your Local.

This form must be completed, signed, and returned as instructed below. Submit one signed application for each requested course.   Please allow 1-2 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly.

Name:_____Last four digits of SSN*:_____

*First time applicants must provide full SSN

Local:_____Classification:_____

Address:_____City:_____State:_____Zip Code:_____

Cell #: □ None (_____) -_____ Home #: □ None (_____) -_____ Email: □ None _____

Course #:_____Course Name:_____Course Reference List #:_____

(Please write course name exactly as it appears on the Course Reference List)

I have read, understood and agree to all the terms and conditions listed above:

Applicant Signature:_____**Date:**_____

Return this form 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

Form I-9 Exp. Date:_____ Safety Pass Compliant:_____ Completed by:_____

Skills Training Application Expires:_____ □ Approved   Denied □

2710 WINONA AVENUE
BURBANK, CA 91504

T 818.847.0040
F 818.847.0048
www.csatf.org

CSATTF

2019/2020
Local Provided Training
Course Reference List #1400

Skills Training courses for Local #892:

Course Number	Course Name
1400-519	CDG Photoshop Topics 1
1400-520	CDG Photoshop Topics 2
1400-521	CDG Photoshop Topics 3
1400-522	CDG Photoshop Topics 4
1400-523	CDG Illustrator Topics 1
1400-524	CDG Illustrator Topics 2
1400-525	CDG Illustrator Topics 3
1400-526	CDG Illustrator Topics 4
1400-529	Computer-Mediated Technologies
1400-530	Marvelous Designer 1: Patterns
1400-531	Marvelous Designer 2: Sewing
1400-532	Marvelous Designer 3: Adding Detail

Course Number	Course Name
1400-533	Marvelous Designer 4: Textures
1400-534	Marvelous Designer 5: Raising Quality
1400-535	Marvelous Designer 6: Tips & Tricks