



# Training Extensions

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This document explains how an Industry Professional can request an extension of a training deadline.

## What happens if my work schedule or compelling personal circumstances prevent me from completing all of my required training by the deadline?

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We recognize that certain extraordinary circumstances may arise that prevent you from completing your required training on time. Accordingly, we may be able to grant an extension of your training deadlines in certain cases. Examples of "extraordinary circumstances" include:

- (1) verified industry employment on a production on distant location (which may extend a training deadline for in-person training only, not for training that is available online) or
- (2) a verified medical disability or family emergency that prevents you from working in the industry.

## How do I request an extension because I am working on distant location?

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By working on distant location, you may be eligible for an extension of training deadlines for *in-person training*. (In other words, an extension may be available if your work on distant location prevents you from visiting Contract Services' training campus in Burbank to complete your in-person training requirements.) Extensions based on distant location are generally *not* granted for training that is available online.

To request an extension of your training deadline due to work on distant location, you must complete and submit the form below via email, fax or mail (see instructions on page 2 of this document).

Generally, extensions based on distant location will equal the duration of your distant location assignment up to a maximum of six (6) months.

## How do I request an extension based on a medical disability or family emergency?

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If you have a medical disability or emergency, we need to receive written verification of your medical disability or emergency. Such verification could include a hospital/doctor's document showing care or treatment, or some other form of proof of disability or emergency. If you have a family emergency or an emergency of another sort, please provide any documentation available to substantiate an extension. A phone appointment with a Contract Services staff member may be necessary to evaluate your request.

To request an extension of your training deadline due to medical disability or family emergency, please provide written verification of your medical disability or emergency via email to [extensions.safetypass@csatf.org](mailto:extensions.safetypass@csatf.org), by fax to **818.565.0535** or by mail to **Contract Services, 2710 Winona Ave., Burbank, CA 91504**.

You may request an extension only for the length of time of the "extraordinary circumstance."

## How will I know if my request is granted?

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If your request for an extension is granted, Contract Services will provide you with written confirmation of your new training deadline. You will also see your new training deadline updated on your Compliance Report, which can be found within your Portal Account ([portal.csatf.org](http://portal.csatf.org)) or in our [CS ACCESS mobile app](#). See [csatf.org](http://csatf.org) for more information about CS ACCESS.



# Distant Location Verification Form

Use this form to request an extension of your training deadline based on your employment on a production on distant location.

Note that by working on distant location, you may be eligible for an extension of training deadlines for *in-person training only*. (In other words, this may apply if your work on distant location prevents you from visiting Contract Services' training campus in Burbank to complete your in-person training requirements.) Extensions based on distant location are generally *not* granted for training that is available online.

Employee Information:	
Employee Name:	
Last 4 SSN <b>OR</b> Industry Link Number (IL#):	
Dates Employee on Distant Location: From:	To:
Production Information:	
Studio/Producing Company:	
Production Title:	
Distant Location Address:	
Production Office Address:	
Production Office Contact:	
Production Office Phone:	Production Office Fax:
Name of Production Representative <b>OR</b> Unit Production Manager (UPM):	
Production Representative or UPM Phone:	

**This section must be completed by a Production Representative or UPM.**

I, \_\_\_\_\_, certify that \_\_\_\_\_  
 (Production Representative/UPM) (Employee)

is/was employed on distant location as stated above.

\_\_\_\_\_  
 (Production Representative/UPM signature)      **Date:** \_\_\_\_\_

**Please complete and return by email, fax or mail to Contract Services.**

**Contract Services**  
2710 Winona Avenue  
Burbank, CA 91504

**Email:** [extensions.safetypass@csatf.org](mailto:extensions.safetypass@csatf.org)  
**Phone:** 818.565.0550  
**Fax:** 818.565.0535

