



2026/2027 Unrestricted Enrollment Training Skills Training Application

Your Skills Training Application **must** be approved by Contract Services **prior** to taking the requested course. You will receive written notification, via email, from Contract Services 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.** Please note that Contract Services' facilitation of skills training is not intended to expand, limit or in any way affect the scope of work covered by any collective bargaining agreement.

Eligibility:

You must reflect on the Industry Hub in the applicable local union and classification and be in compliance with Contract Services training requirements in order for your application to be approved.

You may check your status on the Industry Hub at <https://www.thehub.org/s/search>

For questions regarding training dates, course content and scheduling, please contact the training facility.

Guidelines for 100% Reimbursement 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 Contract Services 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 Contract Services 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.

Name: _____ Last four digits of SSN: _____

Local Union: _____ Job Title/Classification: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Email: _____

Course #: _____ Course Name: _____

(Please write course name exactly as it appears on the Contract Services Website)

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

Applicant Signature: _____ Date: _____

Please email this form to Contract Services to: SkillsTraining@csatf.org

If you have any questions about this form, or how to submit it, please contact us at 818.565.0550 ext. 1260



2026/2027 Unrestricted Enrollment Reimbursement Policy and Request Form

In order to be reimbursed, you must provide Contract Services 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 Contract Services 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 Contract Services within a reasonable time after you discover the error, any excess reimbursement that is made to you in the event of any inadvertent overpayment.

- 100% Reimbursement of course cost may be reimbursed if all conditions are met.
- Both your application and the course must have been pre-approved by Contract Services.
- 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 name 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 (must include account owner's name) 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 of payment received.

Please allow 2-4 weeks for processing.

Print all information completely and legibly.

Name: _____ Last four digits of SSN: _____

Local Union: _____ Job Title/Classification: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Email: _____

Course #: _____ Course Name: _____

(Please write course name exactly as it appears on the Contract Services website)

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

Applicant Signature: _____ **Date:** _____

Please email this form to Contract Services to: SkillsTraining@csatf.org

If you have any questions about this form, or how to submit it, please contact us at 818.565.0550 ext. 1260

For Office Use Only

Approved Date: _____ Course Cost: \$: _____

Reimbursement Amount (100%): \$ _____ Approved by: _____ Code: _____