



# 2020/2021 Vendor Provided Training Skills Training Application

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

- Skills Training Application
- 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, and be in compliance with Contract Services training requirements. You may check your status on the Online Roster at: [www.csatf.org](http://www.csatf.org), under "Rosters & Lists."
- For Non Roster classifications, you must be reflected on the Online Roster in the applicable Local and classification and be in compliance with Contract Services training requirements.

Your Skills Training Application **must** be approved by Contract Services Administration Training Trust Fund (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.** 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.

**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.

Name: \_\_\_\_\_ Last four digits of SSN\*: \_\_\_\_\_  
\*First time applicants must provide full SSN

Local: \_\_\_\_\_ Job Titles/Classification: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_  
(Please write course name exactly as it appears on the Course Selection Form)

Vendor: \_\_\_\_\_ Start date if known: \_\_\_\_\_

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return all forms to CSATTF via email to [skillstraining@csatf.org](mailto:skillstraining@csatf.org), in person, by fax or mail.**

CSATTF Attn: Skills Training  
2710 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

For Office Use Only

**Required Training Compliant:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**Skills Training Application Expires:** \_\_\_\_\_ **Approved**  **Denied**



# 2020/2021 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 (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 **or** a copy of the course attendance record.

Please allow 2-4 weeks for processing.

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

Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Local: \_\_\_\_\_ Job Titles/Classification: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: ( ) - Home #: ( ) - Email: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Course Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form with supporting documentation via email to [skillstraining@csatf.org](mailto:skillstraining@csatf.org), in person, by fax or mail.**

CSATTF Attn: Skills Training  
2710 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

**For Office Use Only**

Approved Date: \_\_\_\_\_ Course Cost: \$ \_\_\_\_\_

Reimbursement Amount (2/3): \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Code: \_\_\_\_\_