



IATSE ENTERTAINMENT & EXHIBITION INDUSTRIES TRAINING TRUST FUND

COURSE REIMBURSEMENT APPLICATION

The local union president, secretary treasurer, BA, or training coordinator must complete and sign this application. The officer completing and submitting the application must be an officer other than the individual listed as a trainer on the application. Email the application to funding@iatsetrainingtrust.org and attach a description of the course content, outline of topics covered, and instructor bio.

TODAY'S DATE	LOCAL UNION	LOCAL CATEGORY
OFFICER NAME	OFFICER TITLE	
EMAIL ADDRESS	PHONE	
Is the local signatory to collective bargaining agreement(s) providing IATSE Training Trust benefits? If yes, identify contract(s) and name of Employer(s):		<input type="radio"/> YES <input type="radio"/> NO
Does your local have a training trust fund or other local union affiliated training organization? If yes, please list the full official name of the organization and the organization's EIN:		<input type="radio"/> YES <input type="radio"/> NO
We encourage local unions utilizing Training Trust funds to commit to trying to negotiate Training Trust language in their contracts where possible. "Our local is committed to bargaining the IATSE Training Trust into our contracts."		<input type="radio"/> YES <input type="radio"/> NO INITIALS
COURSE INFORMATION		
COURSE TITLE	COURSE TYPE <input type="radio"/> SAFETY <input type="radio"/> CRAFT SKILLS <input type="radio"/> OTHER (PLEASE LIST):	
COURSE LOCATION	INSTRUCTOR OR TRAINING COMPANY	
COURSE DATE(S)	COURSE LENGTH HOURS	# OF PEOPLE TO BE TRAINED
COURSE DESCRIPTION ATTACHED? <input type="radio"/> YES <input type="radio"/> NO	COURSE OUTLINE ATTACHED? <input type="radio"/> YES <input type="radio"/> NO	INSTRUCTOR BIO ATTACHED? <input type="radio"/> YES <input type="radio"/> NO
Is this an employer requested course? <input type="radio"/> YES <input type="radio"/> NO		Is this production being done under the ASA? <input type="radio"/> YES <input type="radio"/> NO <i>If this is a class for an ASA employer production, please complete the fields below.</i>
Studio	Production Company	Production Title
		Production Contact
PROJECTED COURSE EXPENSES		
DESCRIBE AND ITEMIZE ALL EXPENSES		AMOUNT
INSTRUCTOR FEES (UP TO \$675 PER DAY)		
COURSE MATERIALS		
EQUIPMENT RENTAL		
OTHER COSTS		
EXPENSES ARE IN <input type="radio"/> USD \$ <input type="radio"/> CAD \$	TOTAL COURSE REIMBURSEMENT FUNDS REQUESTED	
CERTIFICATION		
<p>1) All requests must go through the approval process. Pre-approval is needed for all requests; we can't consider applications for past courses. Written approval will include the TTF Expense Report to be submitted after training.</p> <p>2) Itemized receipts, instructor invoice, and TTF provided daily sign-in sheets must be attached to Expense Report for approved expenses to be reimbursed.</p> <p>3) Expense Report and supporting documentation must be submitted for reimbursement within 45 days of completion of the training. After 45 days, the approved Course Reimbursement funds will be forfeited and redistributed to other locals applying for Course Reimbursement.</p> <p>4) Courses must take place within the year during which they are approved. Funds can't be transferred to a different course or calendar year.</p> <p>5) If the course date needs to be changed, approved locals must contact the TTF as soon as possible to avoid funds being redistributed.</p> <p>6) Course attendance will be uploaded to the Training Tracker.</p>		
By signing below, I acknowledge the IATSE Training Trust Fund policy is for locals with signatory employers to the Trust to be given priority when requests are considered. I also understand that the IATSE Training Trust Fund may not support the entire amount requested.		
SIGNATURE		

These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to the discretion of the trustees, to the fullest extent permitted by law.