

Kenosha Area Electrical Joint Apprenticeship & Training Trust (JATT)

Request for Training Cost Reimbursement

Participant Name (print/type) _____ Classification _____

Participant Address _____

Phone Number _____ Date Submitted _____

Preference for Check Delivery:

I Will Pick Up at Hall: _____

Please Mail to me: _____

Course Title _____ **Course Cost *** _____

Total Hours Scheduled _____ Total Hours Actually Attended _____

This is to certify that the above-named participant successfully completed the prescribed course material, and attended at least ninety percent (90%) of the scheduled course hours.

Instructor name (print/type) _____

Instructor signature _____ Date _____

*** Must be accompanied by proof of payment (receipt, cancelled check, etc.)**

Note: All courses sponsored by the JATT or IBEW 127 are already pre-approved for reimbursement. All other courses must be PRE-APPROVED (prior to requesting reimbursement.) IBEW 127 should be contacted to determine which courses are pre-approved by the JATT and/or Executive Board.

Request for Pre-Approval of Course

Note: Complete this portion ONLY if you are formally requesting PRE-APPROVAL of a course for eventual reimbursement of costs. Please submit the form, plus any pertinent information on the course (e.g., contents, outline, CEU approval, etc.) to the JATT, for review at their next meeting.

Course Title _____ Course Dates _____

Course Provider/Instructor _____

Course Cost: _____ Course Delivery Method: Online or Face to Face

Course length (hours) _____ Is this course currently approved for continuing ed. credits by governmental or educational institutions (e.g., State of Wisconsin DSPS, tech schools, etc.)? Yes _____ No _____

If yes, please list: _____

Request Approved Request Denied

JATT representative (sign) _____ Date _____