

CMAW TUITION/TRAINING REIMBURSEMENT REQUEST APPLICATION

Name of School/Provider _____ Date _____

Member's Name _____ Trade _____
(Last) (First)

Address _____
(Apt #) (Street Number & Name) (City) (Prov) (Postal Code)

Phone _____
(Home) (Cell)

Email _____ Hours Worked in Prev. 12 Months _____

Current Employer _____ OR Last Day Worked _____

Training Course	Level	Copy of Certificate Attached	Copy of Receipt Attached	Amount Applying For
<input type="checkbox"/> Apprentice Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Course Date _____/_____/_____		\$
<input type="checkbox"/> H2S Alive		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> First Aid Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Aerial Platform		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> CSTS		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Confined Space & Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Red Seal		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Fall Protection		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Welding Test		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	\$
Total				\$

REIMBURSEMENT POLICY ON BACK

Send to: CMAW Bargaining Council
 Email: council@cmaw.ca Fax: 604-437-1110
 1450 Kootenay Street, Vancouver, BC V5K 4R1

 Signature of Applicant

 CMAW Local Unit

 Business Representative's Signature



CMAW TUITION/TRAINING REIMBURSEMENT REQUEST APPLICATION

REIMBURSEMENT POLICY:

1. Applicant must:
 - First reimbursement; the member must be in good standing for a period of one year; and has not refused union work without a just reason
 - Any further reimbursements, an Apprentice must have a minimum of 100 hours from the date of last reimbursement application or the apprentice has worked for a contributing employer for a minimum of 200 hours from the date of the last reimbursement application if the apprentice takes school assignments back to back.

2. Apprenticeship Tuition Reimbursement
 - For each Apprenticeship level the member will be reimbursed \$500.00.

3. First Aid
 - Level I, to a maximum of \$125.00 per course.
 - Level II and III, to a maximum of \$750.00 per course and only under certain circumstances which are as follows:
 - ✓ the member must be employed as a Safety Officer with a CMAW signatory employer; had contributions remitted on their behalf during the period that the course was taken; or
 - ✓ have a job secured with a signatory employer for a specific job site; or
 - ✓ a CMAW signatory contractor has sent a written request to the Local Unit to provide the training.

4. H2S Alive: reimbursement to a maximum of \$185.00

5. CSTS: reimbursement to a maximum of \$50.00

6. Welding Test: must be preapproved by CMAW

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