



# CONSTRUCTION MAINTENANCE AND ALLIED WORKERS CANADA

For Office Use Only

## TUITION/TRAINING REIMBURSEMENT APPLICATION

Name of School/Provider \_\_\_\_\_

Date of Submission \_\_\_\_\_

Member's Name \_\_\_\_\_

Trade \_\_\_\_\_

(Last)

(First)

Address \_\_\_\_\_

(Apt# - Street Number & Name -

- City -

- Prov. -

- Postal Code)

Phone (Home) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Email \_\_\_\_\_

First Day Worked \_\_\_\_\_

Current Employer \_\_\_\_\_

Hours Worked in Last 12 months \_\_\_\_\_

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"/> Fall Protection             |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> Forklift Training           |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> WHMIS                       |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> Zoom Boom/Rough Terrain     |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> Other: (please specify)     |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> Other: (please specify)     |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> Other: (please specify)     |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <input type="checkbox"/> Other: (please specify)     |   | <input type="checkbox"/>      | <input type="checkbox"/> | \$                  |
| <b>Total</b>   |   |                               |                          | <b>\$</b>           |

### REIMBURSEMENT POLICY ON REVERSE

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
CMAW Local Union

\_\_\_\_\_  
Business Agent's Signature

\_\_\_\_\_  
Date of Initiation with Local

# TUITION/TRAINING REIMBURSEMENT APPLICATION

## 1. Apprenticeship Tuition Reimbursement

A reimbursement of \$500.00 is available for each Apprenticeship Level.

- First reimbursement: the member must be in good standing for a period of one year; and has not refused Union work without just cause.
- 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. First Aid

Reimbursement Level 1: CMAW will pay for First Aid Level 1 to a maximum of \$225.00 per course. The Local must submit a copy of the certificate, the receipt for payment for the course and the member's name and address.

Reimbursement Levels 2 and 3: CMAW will pay for Levels 2 and 3 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 and have contributions remitted on their behalf during the period that the member was taking Level 2 or 3 course;
- we will actually gain a job for a specific job site;
- the Local Union receives a written request to provide the training from a CMAW signatory contractor.

## 3. Pre-Approved Courses

- H2S Alive
- Construction Safety Training Systems (CSTS)
- WHMIS
- Fall Protection (FP)
- Confined Space/Confined Space Monitor (CS/CSM)
- Forklift Training
- Zoom Boom/Rough Terrain Training
- Aerial Lift
- Leadership for Safety Excellence (LSE)

**PLEASE NOTE: Any course that is not in the above list requires pre-approval from the Training Committee. Contact your Local Union Business Agent for details.**

## 4. Welding Test

To a maximum of \$700.00 (*Training Committee pre-approval required*).

## 5. Skid Steer Training

CMAW will pay a maximum of \$250 only if the Local Union receives a written request to provide the training from a CMAW signatory contractor.

### **RECEIPTS AND COMPLETION DOCUMENTATION MUST BE PROVIDED TO SUPPORT EACH CLAIM**

Above stated maximum reimbursement amounts are including taxes

**ANY CLAIMS OLDER THAN SIX (6) MONTHS WILL NOT BE PAID**

**Please send completed form to your Local Union Representative for approval.**

**Local Union Office addresses and contact information can be found at [www.cmaw.ca](http://www.cmaw.ca).**