

Reimbursement for Safety Training

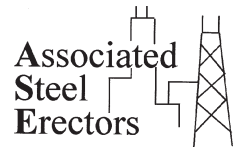
Reimbursement for Safety Training Provided by Local #1 Employers

Effective June 1, 2017, Local #1 Employers can be reimbursed for **10-Hour** and **30-Hour OSHA Training Classes** provided to their employees and for other training required under OSHA such as for **CPR, Confined Spaces** and **Scaffolding**. Training may be provided in your office, online, or by a recognized safety training provider. This program is funded by the Associated Steel Erectors Industry Promotional Fund.

Procedures & Requirements

- Employer must be signatory to the Ironworkers Local #1 labor agreement and, as such, an active contributor to the Associated Steel Erectors Industry Promotional Fund.
- The Employer selects the course to be given and decides which employees will participate. Any OSHA recognized training program is eligible for this program.
- At least 15 days before start of the training, an application is submitted to the ASE Promotional Fund listing the course, number of employees who will participate and anticipated tuition expenses for enrolling in the class. The program is open to both management and craft labor employees. If the employer chooses to set up a private class, only the cost of the speaker will be covered; all other expenses will be the responsibility of the employer. Notice of acceptance will be issued within one week to the employer.
- Within 60 days of completion of the class, the employer will submit a Request for Reimbursement to the Promotional Fund, including names of participating employees and proof of tuition payment such as a cancelled check or credit card receipt. A reimbursement check will be mailed promptly to the employer.

To: ASE Industry Promotional Fund
119 E Van Buren Street - Elmhurst, IL 60126
Email: asemail@comcast.net
Fax: 630-530-2756



We would like to provide the following safety training class for our employees (attach flyer or other material with information on the class)

Title of Class _____

Presented by _____

Presenter's phone number or email address _____

Number of employees expected to participate: _____

Anticipated cost: \$ _____ Per Person Flat Rate

Company _____

By _____

Phone _____ EMail _____