



**PRE-APPROVAL REQUEST**  
**ASE Safety Training Reimbursement Program**  
**for Local #1 Employers**

*This form must be completed and submitted to the ASE office  
at least 15 days before the starting date of the training.  
Notice of acceptance will be provided within one week to the employer.*

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

We would like to provide the following safety training class for our employees:

Type: \_\_\_ Classroom \_\_\_ Online Other \_\_\_\_\_

Title of Class \_\_\_\_\_

Presented by \_\_\_\_\_

Presenter's phone number or website address \_\_\_\_\_

**TUITION REIMBURSEMENT**

Number of employees expected to participate: \_\_\_\_\_

Anticipated cost: \$ \_\_\_\_\_ Per Person \_\_\_\_\_ Total Amount \_\_\_\_\_

**TRAINING INCENTIVE (covers only Local #1 employees)**

Number of Local #1 Ironworkers expected to attend this training: \_\_\_\_\_

Total hours in class (per person): \_\_\_\_\_

Company \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

E-Mail address \_\_\_\_\_ Phone \_\_\_\_\_