



PRE-APPROVAL REQUEST

ASE Safety Training Reimbursement Program for Local #1 Employer

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

To: ASE Industry Promotional Fund
3759 N Ravenswood Ave, #129 | Chicago, IL 60613
Email: staff@asemail.org
Fax: (773) 529-1212

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

Type:	Classroom	_____	Online	_____	Other	_____
Title of class:	_____					
Presented by:	_____					
Presenter:	Phone	_____	or	Website	_____	

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: _____
Email: _____	Phone: _____

Associated Steel Erectors
3759 N Ravenswood Ave, #129 | Chicago, IL 60613
Tel (773) 688-8847 | Fax (773) 529-1222 | Email info@associatedsteelerectors.org
associatedsteelerectors.org