## EDUCATION FUND
### EXPENSE REIMBURSEMENT REQUEST FORM

**Committee Members**
- Donald A. Zampa, Chairman
- Don Savory, Local Union 155

### Personal Information

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<tr>
<th>Name</th>
<th>Membership #</th>
<th>Phone</th>
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(Print/Type Name)

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Current position in the Local:  
- Business Manager __
- Business Agent __
- President __
- Organizer __
- Apprenticeship Coordinator __
- Instructor __
- Executive Board __
- JIW __
- Apprentice __
- Other ____

### Education Information

Highest level of formal education completed:

List any labor related courses you have previously attended:

<table>
<thead>
<tr>
<th>Name of class</th>
<th>Organization presenting class</th>
<th>Date Attended</th>
<th>Location</th>
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### Local Union Activity Information

(attach separate sheet if necessary)

- Number of Union Meetings you have attended in the last twelve months _______
- Number of phone banks/precinct walks you attended in the last twelve months _______
- Date and location of any labor rallies you attended in the last twelve months _______
- Have you taken a COMET class ______ yes _______ no

List any other activities you have participated in which benefited your local in the last twelve months:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5/1/2018
Class Information/Estimated Costs

Name of Class _____________________
Organization sponsoring class _________________

Location of Class ___________________
Date of class ________________

Cost of class $___________
Cost of lodging $___________

Air fare (if applicable) $___________
Mileage/Parking costs _________ $_________

Is the class reimbursable through the International or the Apprenticeship Training Fund? _______________

Describe how you will use what you learn in this course to benefit the Iron Workers:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

RULES

1. All applications must be submitted and signed by the Local Union Business Manager, Business Agent or President
2. All applications must be received in the District Council of the State of California & Vicinity office at least thirty (30) days prior to the date of the class
3. Only applications that have been approved by the Committee and signed by the District Council President in advance will be processed for reimbursement of expenses
4. Reimbursable expenses are defined as registration fee, required books, coach air fare, room & tax and necessary travel expenses. Personal meals and expenses will not be reimbursed.
5. Certificate of completion or other proof of attendance of the class and original receipts must be submitted to the District Council office within fifteen (15) days of the completion of the class.
6. For classes and/or degrees that extend beyond one trip or require home study, receipts and proof of completion of each segment of the class must be submitted within fifteen (15) days of completion of the trip or class segment. A file will be opened and the receipts will be accumulated in the file. Reimbursement will not be made until all coursework is completed and the applicant has received his/her degree.
7. If a class is reimbursable through a program offered by the International or the Apprenticeship Training Fund then the applicant must first submit his/her receipts to those entities and provide the District Council with an accounting.

Applicant by signing this request understands, and agrees to all of the above listed rules.

Dated: ____________
(Applicant Signature)

Submitted by:
Local Union Print name of officer Signature of Officer
(For Committee Use Only)

Date Received _____________
Approved ___ Not Approved ___
Date __________
Donald A. Zampa, Chairman
List any other activities you have participated in which benefited your local in the last twelve months: