

2800 WINONA AVENUE
BURBANK, CA 91504T 818.847.0040
F 818.847.0048
www.csatf.org

2016/2017

Local Provided Training Skills Training Application

This application packet consists of the Skills Training Application and the Course Reference List.

Your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. There is no reimbursement for Local Provided Training.

Eligibility:

- For Roster classifications, you must be active on the Roster for the applicable Local and classification, with an unexpired Form I-9 and be in compliance with Safety Pass training requirements. You may check your status at: www.csatf.org, left navigation under Online Roster, click on General Access.
- For Non Roster classifications, you must be reflected on the Online Roster in the applicable Local and classification and be in compliance with Safety Pass training requirements. If your name is not reflected on the Online Roster, you must provide proof of at least 30 workdays, of applicable and signatory employment within the past two years, in the form of either an employment verification letter from a payroll company or employer with exact work dates, Local number, job classification, and Social Security number **or** copies of pay stubs with actual work hours/dates (sick, vacation, holiday and travel time are not eligible), Local number or code, and job classification. More than one form of employment verification may be needed.

For questions regarding training dates, course content and scheduling, please contact your Local.

This form must be completed, signed, and returned as instructed below. Submit one signed application for each requested course. Please allow 1-2 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly.

Name: _____ SSN: _____ Local/Classification: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: ☐ (☐) - ☐ (☐) - ☐ Home #: ☐ (☐) - ☐ Email: ☐ ☐

Course #: _____ Course Name: _____ Course Reference List #: _____

(Please write course name exactly as it appears on the Course Reference List)

I have read, understood and agree to all the terms and conditions listed above:

Applicant Signature: _____ **Date:** _____

Return this form to CSATTF via email to skillstraining@csatf.org, in person, by fax or mail.

CSATTF Attn: Skills Training
2800 Winona Avenue
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260
Fax Number: 818.847.0048

For Office Use Only

Form I-9 Exp. Date: _____ Safety Pass Compliant: _____ Completed by: _____

Skills Training Application Expires: _____

☐

Approved

☐

Denied

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2016/2017 Local Provided Training Course Reference List #500

Skills Training courses for Local #700:

Course Number	Course Name	Course Number	Course Name	Course Number	Course Name	Course Number	Course Name
500-26	Avid Media Composer Tips & Shortcuts	500-27	Intro to Avid Unity & Interplay	500-28	Introduction to Smoke	500-29	Introduction to Sapphire
500-30	Introduction to Boris FX	500-31	DCP for the Cutting Room	500-32	Intro to Color Correction for Avid	500-33	Intro to After Effects and Mocha
500-34	Intro to After Effects and Photoshop	500-35	Automation for the Cutting Room	500-36	Protools Tips & Shortcuts	500-37	Introduction to FileMaker Pro
500-38	Introduction to Adobe Premiere	500-39	FileMaker Pro for Codebooks	500-40	Photoshop in the Cutting Room	500-41	iZotope RX Plug-Ins for Protools
500-42	Protools Waves Plug-Ins	500-43	Advanced Sound Formats	500-44	Audio Suite Plug-Ins for Avid and Protools	500-45	Workflow for Dolby Atmos
500-46	Protools for Change Lists	500-47	Delivery to Sound Department	500-48	Avid 101 for Sound	500-49	Video Codecs
500-50	Speed Reading		N/A		N/A		N/A