Kenosha Area Electrical Joint Apprenticeship & Training Trust (JATT)

Request for Training Cost Reimbursement -

Participant Name (print/type)	Classification
Participant Address	
Participant Phone Number	Date Submitted
Course Title	Course Cost *
Total Hours Scheduled _	Total Hours Actually Attended
[1]	e above-named participant successfully completed the erial, and attended at least eighty percent (80%) of the s.
	e)
Instructor signature	Date
* Should be accompanied by proof of payment (receipt, cancelled check, etc.)	
courses are pre-approved by the JA	,
Request for Pre-Approval of Course	
Note: Complete this portion ONLY if you are formally requesting PRE-APPROVAL of a course for eventual reimbursement of costs. Please submit the form, plus any pertinent information on the course (e.g., contents, outline, CEU approval, etc.) to the JATT, for review at their next meeting.	
Course Title	Course Dates
Course length (hours)	Is this course currently approved for continuing ed. credits by governmental or educational institutions (e.g., State of Wisconsin Dept. of Commerce, tech schools, etc.)? Yes No
a pla farmina di	If yes, please list:
Request Approved Re	quest Denied
JATT representative (sign)	Date