



# CONSTRUCTION MAINTENANCE AND ALLIED WORKERS CANADA

## TUITION/TRAINING REIMBURSEMENT APPLICATION

Name of School/Provider \_\_\_\_\_

Date of Submission \_\_\_\_\_

Member's Name \_\_\_\_\_  
(Last) (First)

Trade \_\_\_\_\_

Address \_\_\_\_\_  
(Apt# - Street Number & Name - - City - - Prov. - - Postal Code)

Phone (Home) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Hours Worked in Last 12 months \_\_\_\_\_

Current Employer \_\_\_\_\_

OR Last Day Worked \_\_\_\_\_

Training Course	Level	Copy of Certificate Attached	Copy of Receipt Attached	Amount Applying For
<input type="checkbox"/> Apprentice Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Course Date _____/_____/_____		\$
<input type="checkbox"/> H2S Alive		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> First Aid Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Aerial Platform		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> CSTS		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Confined Space & Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Fall Protection		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Forklift Training		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> WHMIS		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Zoom Boom/Rough Terrain		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Total</b>				<b>\$</b>

### REIMBURSEMENT POLICY ON REVERSE

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
CMAW Local Union

\_\_\_\_\_  
Business Agent's Signature

\_\_\_\_\_  
Date of Initiation with Local

# TUITION/TRAINING REIMBURSEMENT APPLICATION

1. Apprenticeship Tuition Reimbursement

A reimbursement of \$500.00 is available for each Apprenticeship Level.

- First reimbursement: the member must be in good standing for a period of one year; and has not refused Union work without just cause.
- Any further reimbursements: an Apprentice must have a minimum of 100 hours from the date of last reimbursement application, or the apprentice has worked for a contributing employer for a minimum of 200 hours from the date of the last reimbursement application if the apprentice takes school assignments back to back.

2. First Aid

Reimbursement Level 1: CMAW will pay for First Aid Level 1 to a maximum of \$125.00 per course. The Local must submit a copy of the certificate, the receipt for payment for the course and the member’s name and address.

Reimbursement Levels 2 and 3: CMAW will pay for Levels 2 and 3 to a maximum of \$750.00 per course and only under certain circumstances which are as follows:

- the member must be employed as a Safety Officer with a CMAW signatory employer and have contributions remitted on their behalf during the period that the member was taking Level 2 or 3 course;
- we will actually gain a job for a specific job site;
- the Local Union receives a written request to provide the training from a CMAW signatory contractor.

3. Pre-Approved Courses

- H2S Alive \$260.00
- Construction Safety Training Systems (CSTS) \$75.00
- WHMIS \$65.00
- Fall Protection (FP) \$250.00
- Confined Space/Confined Space Monitor (CS/CSM) \$225.00
- Forklift Training \$200.00
- Zoom Boom/Rough Terrain Training \$230.00
- Aerial Lift \$230.00
- Leadership for Safety Excellence (LSE) \$220.00

**PLEASE NOTE: Any course that is not in the above list requires pre-approval from the Training Committee. Contact your Local Union Business Agent for details.**

4. Welding Test

To a maximum of \$500.00 (*Training Committee pre-approval required*).

**RECEIPTS AND COMPLETION DOCUMENTATION MUST BE PROVIDED TO SUPPORT EACH CLAIM**

**ANY CLAIMS OLDER THAN SIX (6) MONTHS WILL NOT BE PAID**

**Please send completed form to your Local Union Representative for approval.  
Local Union Office addresses and contact information  
can be found at [www.cmaw.ca](http://www.cmaw.ca).**