

MCA DETROIT - LOCAL 98
TEMPORARY APPRENTICE ON-THE-JOB TRAINING PROGRAM
P.O. BOX 159
Troy, MI 48099- 0159

APPRENTICE REIMBURSEMENT REQUEST FORM

Report all apprentices as you normally would on the standard remittance form. List below only the names of the apprentice(s) for whom you are requesting reimbursement from the temporary reimbursement program. THIS FORM MUST BE RECEIVED WITHIN 30 DAYS OF THE END OF THE MONTH FOR WHICH YOU ARE REQUESTING REIMBURSEMENT.

Month: _____			
Name Apprentice for whom requesting reimbursement for on-the-job training	Social Security Number	Apprenticeship Period (List applicable period 1-10)	Dates for which you are requesting reimbursement (List each date separately)

Administrative Use Only		PLEASE REMIT THIS FORM FOR REIMBURSEMENT TO: MCA – LOCAL 98 TEMPORARY REIMBURSEMENT PROGRAM PO BOX 159 Troy, MI 48099-0159 Attention: Contribution Department
Date Received:		
Entered By:		

EMPLOYER INFORMATION				By signing this form, you certify that the apprentices listed above have been approved for participation in the temporary reimbursement program.
EMPLOYER NAME:				
EMPLOYER ADDRESS:				
CITY:	ST:	ZIP:	PHONE:	
CONTACT NAME:			DATE:	
SIGNATURE:				