



Continuing
Education



Stipend Pay Application Instructions

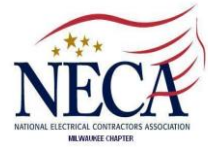
In addition to submitting the *Employer Affidavit* and the *Stipend Pay Application* forms attached below, you must also include **all** of the following supporting documents:

- Document showing proof that you attended the class
- Document showing the course date(s) and course length (course hours, start times/end times)
- Certificate Earned (if applicable)
- Course Outline (if available)
- Invoices (if applicable)

Your completed Application and Supporting Documents will be reviewed by our office. If required information is missing, you will receive a phone call or an email from our office requesting the missing information.



Continuing Education



EMPLOYER AFFIDAVIT

Company Name _____

I, _____, hereby certify that
(Employer Representative - **PLEASE PRINT**)

_____ did not receive his/her normal
(Course Attendee - **PLEASE PRINT**)

hourly wage for any or all of his/her time spent receiving training in the following course(s):

Course Title(s):	Course Length (In Hours):
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Signature _____
(Employer Representative)

Signature Date _____



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Stipend Pay Application

Please Print Clearly

Last Name: _____ First Name: _____ MI. _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

State of WI Electrical License # _____ Social Security # _____

Contractor: _____ IBEW Member # _____

Circle One: Sound Comm (OR) Residential Email (required) _____

Course Name _____ Course Length _____ Hours

Course Location _____

Course Dates (month/day/year, Start & End Dates) _____

Certification to be earned (if applicable) _____

Please briefly describe the course you have taken and are requesting stipend pay for: _____

Was any portion of the above mentioned course taught On-Line? (circle one): YES (OR) NO

If Yes, how many HOURS were taught On-Line?: _____

You can submit this form by any of the following:

Fax-414-778-0224 *Attention Continuing Education*

Email-kkrueger@mejatc.com

Mail- Milwaukee Electrical JATC Continuing Education
11001 W. Plank Ct. Ste. 120
Wauwatosa, WI 53226

By signing below you certify that all information is correct and you attended classes that qualify for stipend pay.

Signature _____

Date _____