

**CONSTRUCTION TRADES SUBSTANCE
ABUSE TESTING AND ASSISTANCE PROGRAM (SATAP)**

REIMBURSEMENT REQUEST

Company Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

CHECK ONE (Please use a separate form for each trade):

- | | |
|---|--|
| <input type="checkbox"/> Bricklayers & Allied Craftworkers
Local 8 | <input type="checkbox"/> Cement Masons Local 599, Area 558 |
| <input type="checkbox"/> NCSRCC Locals 161, 264, 344, 2283 | <input type="checkbox"/> Building Laborers Local 113 |
| <input type="checkbox"/> Operating Engineers Local 139, Area I (Master Building Agreements) | |

Each employer requesting reimbursement must furnish the following information with respect to each employee who was paid wages by the employer while undergoing **random** drug testing pursuant to the terms of the Construction Trades SATAP. Employers can request reimbursement for employees who tested from August 1st through July 31st. Fund trustees will review and approve the amount of reimbursement and reimbursement is dependent upon the amount of available funds. The funds will only reimburse for lost wages paid for a diluted test results once per employee per year. **Reimbursement requests from contractors who are delinquent in contributions to the drug funds will not be honored.** For prompt reimbursement please submit your Reimbursement Request to the appropriate Benefit Fund's Office with your next remittance forms. Only wages paid to employees who tested while working in the above locals are eligible for reimbursement.

<u>Employee</u>	<u>Local</u>	<u>SSN</u>	<u>Date(s) of Selection</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUND OFFICE ONLY:

Total Employee Hours: _____ Hours @ \$: _____

Check Amount: _____ Date Paid: _____