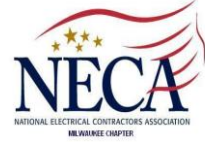




**meJATC**  
Milwaukee Electrical Joint Apprenticeship Training Committee



Continuing  
Education



## Stipend Pay Application Instructions

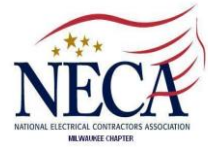
In addition to submitting the *Employer Affidavit* and the *Stipend Pay Application* forms attached below, you must also include **all** of the following supporting documents:

- 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.*



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# 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**-414-246-9260 \*Attention: Continuing Education\*  
**Email**-kkrueger@mejatc.com  
**U.S. Mail (New Office Address)-**  
Milwaukee Electrical JATC  
Continuing Education  
6300 W. Layton Ave.  
Greenfield, WI 53220

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

Signature \_\_\_\_\_

Date \_\_\_\_\_