



JTIP Reimbursement Policy

Executive Director, Controller and Administrative Staff are responsible for administering this policy.

Implementation Date: January 1st, 2021

Date of Last Revision: August 13th, 2024

Purpose:

The purpose of this policy is to ensure that active UA Local 170 members receive JTIP reimbursements that they are eligible for. It is also to ensure that no JTIP reimbursements are issued to members that do not qualify.

Procedure for JTIP Reimbursements:

1. No member is automatically eligible for JTIP reimbursements. The amounts are also subject to review.
2. A UA 170 member may be eligible to a reimbursement if:
 - The member is in good standing and provides written confirmation that they are actively, currently working on a UA 170 signatory contractor site (via *JTIP Reimbursement Requisition Form*) or,
 - The member is in good standing and provides adequate written explanation as to why they are not working for a UA 170 signatory contractor and attaches it to the relevant requisition form.

Potential reasons a reimbursement/payment might be refused include, but are not limited to:

- a. Member has not worked a minimum of 900 hours with a UA 170 signatory contractor,
 - b. Member is currently working, or has at any point since initiation into UA 170 worked for a non-union company,
 - c. Member has already received reimbursement for the expense claimed,
 - d. Member has not included all documentation,
 - e. Member took training at an unrecognized/unaccredited provider,
 - f. Previous or current disciplinary review, and/or
 - g. A false declaration on the *JTIP Reimbursement Form*
3. Included with the *JTIP Reimbursement Form* the member must submit:
- Proof of payment – Receipt must include member’s name
 - Proof of successful completion/renewal – a copy of the renewed certificate is required.
4. Should a member receive reimbursement or payment without having met the above conditions, the member will be expected to repay the funds **IN FULL** and may be subject to re-initiation/re-instatement fees in the future.
5. Members residing 100 kms or greater from UAPICBC Delta Campus do not need permission ahead of time to obtain reimbursement for training from a recognized training provider. Reimbursement costs will not exceed equivalent fees charged at UAPICBC.

Items eligible for JTIP reimbursement:

CWB testing:

- 2 to 4 Positions, including x-ray



- 1-plate check test, including x-ray

TSBC Class A

- Reimburse cost of training center testing fee up to \$500. Off-site training for members residing in the Lower Mainland will need to be approved by the Executive Director ahead of time.
- TSBC registration fee

Cross Connection

- Recertification
- Renewal
- Full certification, if previously held

Gas A & Gas B recertification

PB15 recertification

PWP7/9/10 recertification

Half-mask respirators

Clothing: Members need to fill in the *Welder Protective Clothing Requisition Form* with a local 170 business agent.

- Full leather jacket
- Split leather sleeve jacket
- Leather apron



JTIP Reimbursement Requisition Form

Please complete all fields:

FULL NAME: _____ ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

CELL NUMBER: _____ UA CARD NO: _____

PLEASE NOTE: All receipts must be submitted within 18 months of payment. All CWB tests taken at another accredited facility are reimbursed at \$500 max./per year. Booth rental is \$200 max./per year. **Please submit a receipt and a valid ticket or proof of completion.**

AMOUNT PAID (\$)

- a) CWB – 2 to 4 POSITIONS (\$500) _____
- b) CWB – 1 PLATE-CHECK TEST (\$275) _____
- c) PWP 7/9/10 – RECERTIFICATION _____
- d) CLASS A – TRAINING (up to \$500) _____
- e) CLASS A – REG FEE (\$123.90) _____
- f) GAS A RECERTIFICATION _____
- g) GAS B RECERTIFICATION _____
- h) CROSS CONNECTION – TEST _____
- i) CROSS CONNECTION – RECERTIFICATION _____
- j) PBP 15 – MEDICAL GAS RECERTIFICATION _____

UA LOCAL 170 MEMBER VERIFICATION

I have read and understood the *JTIP Reimbursement Policy*. I am currently working for a UA 170 signatory contractor or have attached a written explanation as to why I am not. My union dues are up to date. I understand that a false declaration on this form may result in financial penalties. **I have attached both a copy of the invoice paid, as well as my ticket, if applicable.**

(UA local 170 member's Signature)

(Date)

UAPICBC STAFF MEMBER VERIFICATION:

_____, is a member in good standing with UA Local 170, and I have verified this member meets the conditions laid out in the *JTIP Reimbursement Policy*.

(UAPICBC Staff Name and Signature)

(Date)