



SAFETY, EDUCATION AND  
TRAINING TRUST FUND

HEAVY & GENERAL  
LABORERS'

LOCAL 172 & 472  
1100 Black Horse Pike  
Folsom NJ 08037  
Tel: 609-567-1959 ext. 1

### EMPLOYEE TRUSTEES

Manuel Amador, Co- Chairman

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### EMPLOYER TRUSTEES

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Frank Criscola, Jr.

Nelson Ferreira

### PROGRAM DIRECTORS

George Samuelson, Jr. - Local 172

Joe Scerbo - Local 472

# CLICKSAFETY OSHA30 REIMBURSEMENT FORM

I, (print name) \_\_\_\_\_

have successfully completed ClickSafety OSHA30 Online Training. I have presented the OSHA30 Card/Certificate and payment receipt to the S.E.T. Fund for reimbursement to me, or my employer, for the cost. By signing this form, I acknowledge receipt of such reimbursement to myself, or my employer in the amount indicated.

DATE: \_\_\_\_\_

**Please Indicate:**

\_\_\_\_\_ I paid, requesting payment to myself

\_\_\_\_\_ Employer paid, requesting payment to employer

**Correct Amount Paid:**

\_\_\_\_\_ \$197.99 OSHA30

\_\_\_\_\_ Other amount, please specify \_\_\_\_\_

**In order to process your reimbursement, we need the following information:**

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**For payments to your employer:**

Employers Company Name: \_\_\_\_\_

Employers Phone Number: \_\_\_\_\_

Employers Signature: \_\_\_\_\_