AGC 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):

____ Bricklayers & Allied Craftworkers Locals 1, 3, 6, 7, 9, 11, 13, 19, 21 & 34

____ Cement Masons Local 599, Area 204

____ NWRCC Locals 310, 314, 646, 731, 804, 955, 1056, 1074, 1143 & 1146

____ Iron Workers Local 383

____ Laborers Locals 140, 268, 330, 464

____ Operating Engineers Local 139, Area II

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 June 1, 2021-May 31, 2022. 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 SATAP/LMC 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.

Employee	Local	SSN	Date(s) of Selection

FUND OFFICE ONLY:

Total Employee Hours:_____ Hours @ $:_____

Check Amount:_____ Date Paid:_____