This form must be attached to all SASMI Supplemental Unemployment, and Underemployment Applications.

Participant Name:	
Social Security Number:	LOCAL:

	Date	Date
Training Program	Enrolled	Completed
Air Balancing		
Architectural		
fabrication		
installation		
CAD		
CAM		
Clean Room Protocol		
Confined Space		
CPR/First Aid		
Decking & Siding		
Drafting (Manual)		
Duct Leak Testing		
Foreman/Project Management		
HAZMAT		
HVAC		
Commercial		
fabrication		
installation		
Residential		
fabrication	1	
installation	<u>)</u>	

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	Date	Date
Training Program	Enrolled	Completed
Industrial		
fabrication		
installation		
Kitchen Equipment		
layout		
polishing		
grinding		
drafting/detailing		
installation		
Lagging	,	
Lockers		
OSHA 10		
Plan and Spec. Reading		
Roofing		
Service Technician		
Signs		
Testing & Balancing		
Welding		
arc	:	
heliard	:	
orbita	1	