

TRAINING REQUEST FORM

(Personal Development)

TO BE COMPLETED BY THE EMPLOYEE

Date_____

Employee Name_____ Supervisor_____

Name of Program _____

Program Date(s) / Time(s)_____

Location _____

Describe how this is directly related to your job (justification): _____

If it is necessary to take time off from scheduled work, please list the time and dates _____

Employee Signature_____ Date_____

(Attach a copy of brochure/program announcement, if applicable or available.)

TO BE COMPLETED BY SUPERVISOR AND/OR MANAGER

Employee eligible: Yes_____ No_____ (If no, see justification below.)

Approximate cost:

\$_____

Transportation

\$_____

Lodging

\$_____

Meals

\$_____

Related Expenses

\$_____

TOTAL

Supervisor and Manager Signature_____ Date_____

TO BE COMPLETED BY DIRECTOR AND/OR DESIGNEE

Approved _____ Disapproved _____

Justification for denial: _____

Director's Signature_____ Date_____

Note: If an overnight stay and/or commercial transportation is required, a Travel Authorization form must be completed prior to the trip. If not, appropriate expenses can be reimbursed on a Petty Cash Voucher (under \$100) or Department Purchase Order (over \$100). See department accountant.