

STAFF TRAINING AND DEVELOPMENT REQUEST FORM

(This request must be submitted a minimum of 3 weeks prior to training event.)

Section I (Employee)

•YOUR NAME _____ •Today's Date _____

•NAME OF COURSE, WORKSHOP OR SEMINAR YOU WISH TO ATTEND:
 (•Attach a copy of training announcement and registration form.)

•LOCATION: _____ •DATE(S) _____

•JUSTIFICATION: (How does this training benefit you in your present position?)

<i>COSTS (not salary)</i>	<i>Amount Requested</i>	<i>Amount Approved</i>	<i>Actual Costs</i>
<i>Registration</i>			
<i>Air Fare</i>			
<i>Car Rental/Taxi</i>			
<i>Per Diem (+hotel)</i>			
<i>Materials/Other</i>			
<i>TOTAL NTE</i>			

Section II (Supervisor)

•SUPERVISOR'S RECOMMENDATION:
 Check One: Approved: _____ Denied: _____

•ACCOUNT TO BE CHARGED: •SUPERVISOR'S SIGNATURE:
 For Salary: _____

Section III (Training Coordinator)

•STAFF TRAINING COORDINATOR'S AUTHORIZATION

Signature
Date

Section IV (Director's Office for final authorization)

• _____
Signature
Date